

Case Number:	CM14-0031014		
Date Assigned:	06/20/2014	Date of Injury:	03/25/2013
Decision Date:	08/11/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review indicate that this 40-year-old male was reportedly injured on March 25, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated October 28, 2013, indicated that there were ongoing complaints of neck pain, left shoulder pain, and low back pain radiating to the right lower extremity. Current medications include Percocet, Motrin, and Flexeril. There were no complaints of any side effects. The physical examination demonstrated tenderness over the posterior cervical spine and trapezius muscles as well as over the lumbar spine on the right greater than the left side. There were decreased lumbar spine range of motion and a positive right-sided straight leg raise test. Lower extremity neurological examination noted decreased sensation at the posterior and lateral aspects of the right leg. Diagnostic imaging studies reported a disc protrusion at the L3-L4 and L4-L5 levels as well as disc bulging at the L5-S1 level and multilevel facet joint arthrosis. MS Contin, Percocet, Neurontin, Flexeril, trazodone, and Prilosec were prescribed. A right sided L4 nerve root impingement was noted. Previous treatment included lumbar epidural steroid injections. A request had been made for Prilosec and was not certified in the pre-authorization process on February 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Prilosec 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Pain (Chronic) (updated 1/7/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68.

Decision rationale: According to the most recent progress note available dated October 28, 2013, the injured employee was reported to be taking Motrin without any complaints of any side effects. Prilosec was also prescribed on the same visit. According to the California Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are only indicated for gastrointestinal issues such as reflux disease or for those at risk for gastrointestinal events. As there was no mention of these conditions in the attached medical record, this request for Prilosec is not medically necessary.