

Case Number:	CM14-0031681		
Date Assigned:	06/20/2014	Date of Injury:	01/07/2011
Decision Date:	07/17/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/13/2014

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 Texas and Ohio. 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 injured worker is a 25-year-old male with reported injury on January 7, 2011. The mechanism of injury was not provided. The injured worker had a follow-up evaluation on March 21, 2014 with complaints of right knee and foot pain and left wrist pain. Upon exam to the knee he had a positive McMurray sign and joint line tenderness. The exam of the right foot revealed tenderness and hypersensitivity. His diagnoses were status post crush injury to right foot and right great toe, right knee internal derangement, left wrist internal derangement, right great toe metatarsalgia and lumbar radiculitis. The treatment is to continue medications to include Norco, Prilosec, Anaprox, Ativan and Neurontin. The request for authorization was signed March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS,GI symptoms & cardiovascular risk page(s) Page(s): 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend to determine if the patient is at risk for gastrointestinal events to include older than 65, history of peptic ulcer, GI bleeding with perforation, concurrent use of ASA (acetylsalicylic acid), corticosteroids and /or anticoagulant or high doses/ multiple NSAID. There is no evidence of any complaints or history of gastrointestinal events. The request for Prilosec 20 mg, sixty count, is not medically necessary or appropriate.