

Case Number:	CM14-0037388		
Date Assigned:	06/25/2014	Date of Injury:	02/20/2008
Decision Date:	08/18/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/27/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 45-year-old female who sustained an injury on 02/20/08 while playing tug of war. The injured worker had multiple prior surgical interventions for the cervical spine including anterior cervical discectomy and fusion C5-6. The injured worker also underwent laminectomy discectomy and posterolateral fusion at L4-5 and L5-S1 in 04/13. The injured worker had been followed for ongoing chronic pain and had been utilizing multiple medications including Norco anti-inflammatories benzodiazepines antidepressants muscle relaxers and muscle relaxers. The injured worker was pending further surgical intervention including removal of the previous previously placed cervical plate at C5-6 followed by adjacent level cervical fusion with discectomy from C4 to C7. Clinical record from 01/15/14 noted continuing neck pain, which had become severe with any range of motion. The injured worker also described continuing complaints of low back pain that was moderate to severe in nature. Range of motion was limited in the cervical spine. Reflexes were 2+ and symmetric without evidence of neurological deficit. The injured worker also had loss of lumbar range of motion most notably in extension. Reflexes were symmetric and there was no evidence of any motor deficits. Surgical intervention was again recommended. Medications were continued at this visit including Anaprox 550mg twice daily Prilosec 20mg twice daily Zanaflex 4mg three times daily Norco for pain and Wellbutrin 100mg twice daily. Other medications included Xanax and Prozac. Follow up on 02/19/14 noted no significant change in symptoms. The injured worker was pending surgical authorization. Physical examination findings remained unchanged and medications were continued. Follow up on 03/19/14 noted the injured worker still had not improved and was becoming worse over time. Physical examination findings remained unchanged and the injured worker was continued on medications. The requested Prilosec 20mg #60 was denied on 02/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec, 20mg BID #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: In regards to the use of Prilosec 20mg #60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor, this reviewer would not have recommended this request as medically necessary.