

Case Number:	CM14-0040190		
Date Assigned:	07/02/2014	Date of Injury:	05/29/2009
Decision Date:	07/31/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/04/2014

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 Family Practice 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 63 year old female who reported an injury on 05/29/2009 due to an unknown mechanism. The injured worker had complaints of bilateral low back pain rated 4/10. The pain is experienced most often in the evening and radiates into the left and right hip. There were also complaints of mid back pain. Physical examination on 03/17/2014 revealed restricted range of motion in the lumbar spine. There was tenderness in the lumbar region on both sides. Palpation of the thoracic musculature demonstrates hypertonicity in the thoracic region bilaterally (moderate). Palpation of the thoracic region detects myofascial trigger points of the erector spinae on both sides (moderate). Medications were Prozac, Norvasc, Robaxin, Anaprox, Prilosec, and Ramipril. The injured worker was prescribed Naproxen 550mg one tablet twice a day. The diagnoses were lumbar facet syndrome, sacrolitis, hypertension, anxiety, spasm of muscle, lumbar spine myofascitis, and thoracalgia. The rationale and request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: The MTUS Chronic Pain Guidelines states to determine if the patient is at risk for gastrointestinal event. Patients at intermediate risk for gastrointestinal events and no cardiovascular disease should be considered for a non-selective NSAID with either a proton pump inhibitor such as omeprazole 20mg daily or misoprostol 200mg four times daily or a COX-2 selective agent. The injured worker does not have an appropriate diagnosis for the medication requested. Also the request does not include the frequency for the medication. As such, the request is not medically necessary and appropriate.