

Case Number:	CM14-0045432		
Date Assigned:	06/27/2014	Date of Injury:	01/06/2014
Decision Date:	08/25/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/01/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 26-year-old male who reported an injury on 01/06/2014 due to lifting heavy buckets that were heavy for about 50 minutes and then he felt a pinch in his back. Diagnoses for the injured worker were lumbar spine sprain/strain with musculoligamentous stretch injury; sleep disorder. Past treatments for the injured worker were chiropractic treatment, diathermy, massage, ultrasound, medications, and Menthoderm gel. Past diagnostics were MRI of the lumbar spine and x-rays of the lumbar spine. The injured worker had complaints of low back pain, sleep disorder, and stress. Physical examination on 01/21/2014 revealed findings on the lumbar spine of tenderness over the L1-S1 spinous processes, tenderness and spasm over the paralumbar muscles bilaterally, restricted range of motion, positive squat and rise test, and positive Milgram's test. Motor strength was 4/5 in the bilateral lower extremities. Medications for the injured worker were naproxen, omeprazole, and Menthoderm gel. Treatment plan for the injured worker were to submit a request for MRI of the lumbar spine, chiropractic treatment, and medications as directed.

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 ACOEM Chapter 12 Low Back Complaints Page(s): 303-304&309. Decision based on Non-MTUS Citation Official Disability Guidelines ,NSAIDs,GI Symptoms&Cardiovascular risk.

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

Decision rationale: It was not noted in the documents submitted why the injured worker is taking Prilosec. It was not noted that the injured worker was having any type of gastrointestinal event. The Medical Treatment Utilization Schedule states clinicians should weigh the indications for NSAIDs against both gastrointestinal and cardiovascular risk factors. It should be determined if the patient is at risk for gastrointestinal events. It should be determined if the patient is 65 years or older; had a history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or taking a high dose/multiple NSAID. For patients with no risk factor and no cardiovascular disease, it should be determined if a nonselective NSAID should be given such as ibuprofen or naproxen. For patients at intermediate risk for gastrointestinal events and no cardiovascular disease it should be determined that a nonselective NSAID with either a proton pump inhibitor or a COX-2 selective agent should be given. Long-term proton pump inhibitor use of greater than 1 year has been shown to increase the risk of hip fracture. For patients at high risk for gastrointestinal events with no cardiovascular disease, a COX-2 selective agent, plus a proton pump inhibitor if it is deemed absolutely necessary. The injured worker was put on Prilosec the same time he was put on naproxen for the back injury. It was not noted in the report why the injured worker was put on Prilosec. There were no documented complaints of gastrointestinal events. The request submitted did not indicate a frequency for the medication. The efficacy of the medication was not provided to support continued use. Therefore, the request is not medically necessary.