

Case Number:	CM14-0075362		
Date Assigned:	07/16/2014	Date of Injury:	01/05/2007
Decision Date:	10/27/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/23/2014

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 33-year-old male who reported an injury on 01/05/2007. The mechanism of injury was not provided. Diagnoses included lumbar sprain/strain and radiculopathy of the right lower extremity. Past treatments included medications. Pertinent diagnostic testing was not provided. Pertinent surgical history was not provided. The clinical note dated 06/09/2014 indicated the injured worker complained of low back pain radiating down the right side, hip, and abdominal area. He rated the pain 6/10. The physical exam revealed tenderness to palpation over the lumbar spine, decreased range of motion, and positive straight leg raise. Current medications included Norco 10/325 mg and Prilosec 20 mg. The treatment plan included Prilosec 20 mg 1 tablet by mouth twice a day #60. The rationale for the request was to relieve symptoms of gastrointestinal upset secondary to taking Norco. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg 1 tablets by mouth twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

Decision rationale: The request for Prilosec 20 mg 1 tablet by mouth twice a day #60 is not medically necessary. The California MTUS Guidelines indicate that patients at risk for a gastrointestinal event include those over the age of 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or are on high dose/multiple NSAIDs. For patients with no risk factor and no cardiovascular disease, a nonselective NSAID is recommended. The injured worker stated that Prilosec helped to decrease gastrointestinal discomfort secondary to taking Norco. There is however, a lack of clinical documentation to indicate that the injured worker had a history of, or was at risk for, a gastrointestinal event. Without documentation of the specific risk factors, the request cannot be supported. Therefore, the request for Prilosec 20 mg 1 tablet by mouth twice a day #60 is not medically necessary.