

Case Number:	CM14-0076414		
Date Assigned:	07/18/2014	Date of Injury:	10/23/2013
Decision Date:	09/30/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/27/2014

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 & Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 39-year-old individual was reportedly injured on 10/23/2013. The mechanism of injury was noted as a work related injury while opening a refrigerator door. The most recent progress note, dated 6/10/2014, indicated that there were ongoing complaints of neck, left shoulder, and low back pains. The physical examination demonstrated the patient walked with a shuffling type gait. Flexion to waist was only 40°. Left shoulder had decreased range of motion compared to the right side and normal. Positive straight leg raise test sitting was at 90° bilaterally and lying at 60° bilaterally. Diagnostic imaging studies included an EMG/NCV of the bilateral upper extremities on 1/22/2014, which revealed a normal study. Cervical spine MRI on 2/7/2014 demonstrated a 2 mm to 3 mm posterior disc protrusion at C3-C4, C4-C5, and C5-C6 with compromise on the bilateral exiting nerve roots at C3-C6. MRI lumbar spine on 1/24/2014 revealed disc herniation at L5-S- and L4-L5. Previous treatment included medications, and conservative treatment. A request had been made for Prilosec 20 mg #90 and was not certified in the pre-authorization process on 5/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg bid #90: 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 Page(s): 68-69.

Decision rationale: MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factor. Review, of the available medical records, fails to document any signs or symptoms of GI distress, which would require PPI treatment. As such, this request is not considered medically necessary.