

Case Number:	CM14-0077173		
Date Assigned:	09/05/2014	Date of Injury:	09/15/2008
Decision Date:	10/02/2014	UR Denial Date:	04/30/2014
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 Illinois. 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 30-year-old male who reported an injury on 09/15/2008. Reportedly, while working in the field his left foot and ankle got pulled into a machine and subsequently he sustained an amputation, above the knee region. The injured worker's treatment history included medications, surgery, MRI studies, and x-rays. The injured worker was evaluated on 06/17/2014 and it was documented the injured worker had significant weight loss and significant changes in volume of his left residual limb. He stated that he was unable to ambulate comfortably in his prosthesis, and must use crutches to help relieve pain and discomfort while ambulating. He was extremely sensitive to palpation and showed signs of redness along the tibial crest and patella and along the fibula head, and terminal distal tibia. He had some callous formation at the anterior distal tibia. The pain was rated as 7/10. The provider failed to indicate the injured worker's having gastrointestinal symptoms. Medications included topical creams, tramadol, Prilosec, gabapentin, and Xanax. Diagnoses included left mid tibia amputation, severe phantom pain with neuromas, and painful stump with difficulty wearing prosthesis, severe post-traumatic stress disorder, insomnia, and back sprain/strain secondary to crutch use. Request for Authorization dated 06/17/2014 was for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: The requested is not medically necessary. Prilosec is recommended for patients taking non-steroidal anti-inflammatory drugs (NSAIDs) who are at risk of gastrointestinal events. The documentation did not indicate that the injured worker having gastrointestinal events; however, the provider failed to indicate the frequency or duration of medication on the request submitted for the injured worker. Given the above, the request for Prilosec 20 mg #90 is not medically necessary.