

Case Number:	CM14-0081427		
Date Assigned:	07/18/2014	Date of Injury:	10/28/1996
Decision Date:	09/24/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 53-year-old female injured on 10/28/1996 due to an undisclosed mechanism of injury. Diagnoses include cervical radiculopathy and carpal tunnel syndrome. Clinical documentation is handwritten and largely illegible. Clinical note dated 06/10/14 indicates the injured worker complaining of lumbar spine pain radiating to the bilateral lower extremities with numbness, tingling and pain radiating to upper back. The injured worker is also complaining of bilateral sacroiliac joint pain. The injured worker reporting pain alleviated with medications. Physical examination revealed positive cervical spine tenderness of the paraspinal musculature, decreased range of motion secondary to pain, positive straight leg raising bilaterally, positive bilateral SI joint tenderness, positive Faber test, and positive Patrick's. Treatment plan included continue medication and repeat request for wheelchair walker. The initial request for Prilosec 20 mg #90 and front wheeled walker was non-certified on 05/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Front wheeled walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines _Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: As noted in the Official Disability Guidelines frames or wheeled walkers are preferable for patients with bilateral disease. There is no indication in the documentation the injured worker suffers from bilateral lower extremity disease. As such, the request for Front wheeled walker cannot be recommended as medically necessary.

Prilosec 20mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, Corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Prilosec 20mg #90 is not medically necessary and appropriate.