

Case Number:	CM14-0087070		
Date Assigned:	07/23/2014	Date of Injury:	04/22/2011
Decision Date:	09/17/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/10/2014

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, Pain Medicine and is licensed to practice in Ohio and 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 47-year-old female who reported an injury on 04/22/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 05/08/2014 indicated diagnoses of lumbar disc displacement without myelopathy and thoracic or lumbosacral neuritis or radiculitis. The injured worker reported continued lower back pain with increased radiation to the bilateral lower extremities, radiation into the right leg that had improved with physical therapy and medications. The injured worker reported her symptoms had returned and significantly interfere with her daily activities including bending, stooping, squatting, and prolonged standing and walking. On physical examination, the injured worker had spasms, tenderness, and guarding in the paravertebral musculature of the lumbar spine with decreased range of motion, there was decreased sensation in the L5 dermatomes bilaterally with pain, weakness was noted with ankle plantarflexion and dorsiflexion bilaterally graded 4/5. The injured worker ambulated with an antalgic gait. The injured worker's treatment plan included reevaluate in 4 to 6 weeks and refill of medications. The injured worker's medication regimen included Lidoderm patch, tramadol, Prilosec, and gabapentin. The injured worker's prior treatments included diagnostic imaging and physical therapy, and medication management. The provider submitted a request for Prilosec. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Prilosec 20mg #60 with 3 refills is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for gastrointestinal bleeding or perforation, or had a history of peptic ulcers. In addition, there was lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.