MAXIMUS Federal Services

Case Number:	CM14-0088932		
Date Assigned:	07/23/2014	Date of Injury:	03/20/2000
Decision Date:	09/26/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/12/2014

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 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 62 year old male was reportedly injured on March 20, 2000. The mechanism of injury is noted as pulling a pallet from a stack of pallets on the forks of the forklift when the palate fell resulting in an injury to the back as he tried to move away to avoid getting hit by the pallet. The most recent progress note, dated April 23, 2014 indicates that there are ongoing complaints of back pain, stomach pain, stress, anxiety, and depression. The physical examination demonstrated tenderness, muscle tightness, guarding, spasm, and restricted motion of the cervical spine, neurological examination demonstrates normal reflexes, normal motor testing, and a normal sensory examination, lumbar spine exam reveals tightness, and spasm to palpation of the lumbar spine, and a positive straight leg raise at 75 degrees bilaterally with back pain radiating to the buttock, lumbar range of motion produces spasm, reflex, and motor testing of the lumbar spine is normal. Sensory testing of the lower extremities is intact at L3 and L4, and diminished bilaterally at L5 and S1. Diagnostic imaging studies are not disclosed, though. Xrays of the lumbar spine are requested on the date of the most recent evaluation to evaluate the status of the fusion. Previous treatment includes a lumbar spine fusion, activity modification, and pharmacotherapy. A request was made for Prilosec 20 milligrams quantity sixty and was not certified in the preauthorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's the Pharmacological Basis of Therapeutics, 2006Physician's Desk Referencewww.RxList.comOfficial Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines: 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 68-69 OF 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support the use of proton pump inhibitors (PPI) in patients taking nonsteroidal antiinflammatory drugs (NSAIDs) with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records demonstrates symptoms of gastrointestinal (GI) distress are documented in addition to treatment with two NSAIDs, Etodolac 600 milligrams and aspirin, at the time of the evaluation. Based on the symptoms of GI distress, this request would meet guideline criteria for treatment with a proton pump inhibitor.