

Case Number:	CM14-0090186		
Date Assigned:	07/23/2014	Date of Injury:	07/06/1999
Decision Date:	09/10/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/16/2014

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 Connecticut. 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:

After careful review of the medical records, this is a 52 year old female with complaints of low back pain, right shoulder pain, and lower extremity pain. The date of injury is 7/6/99 and there is no documented mechanism of injury. At the time of request for prilosec, there is subjective (low back pain, leg pain, shoulder pain) and objective (obesity, tenderness midline lumbar spine, range of motion lumbar spine restricted) findings, imaging findings (MRI as stated in records show mult-level disc disease and previous lumbar L3-4 decompressive laminectomy however no report is included in the records sent), diagnoses (chronic low back pain, Depression/anxiety disorder, previous lumbar spine surgery, right shoulder pain), and treatment to date (medications, home exercise program). As the patient is on Pennsaid, a recently FDA approved topical nsaid as of January 2014, and there is documentation of pharmacologic related gastrointestinal adverse effects (progress note by [REDACTED] dated 4/23/14), a specified amount would be required for approval. As requested as an unspecified amount, this is not approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20MG Unspecified qty: 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> Page(s): 68 of 127>.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a proton pump inhibitor may be added to chronic nsaid pharmacotherapy if there are associated gastrointestinal symptoms. As the patient is on Pennsaid, a recently FDA approved topical nsaid as of January 2014, and there is documentation of pharmacologic related gastrointestinal adverse effects (progress note by [REDACTED] dated 4/23/14), a specified amount would be required for approval. As requested as an unspecified amount, the request is not medically necessary.