

Case Number:	CM14-0174909		
Date Assigned:	10/28/2014	Date of Injury:	03/30/2013
Decision Date:	01/09/2015	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/22/2014

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 Orthopedic Surgery 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:

This is 34 year old female who suffered a work related injury on 03/30/2013. She has diagnoses of lumbar disc degeneration, lumbar radiculopathy and lumbar facet syndrome. The injured worker's treatment has included medications, aqua therapy with positive results, physical therapy, home exercise program, psychotherapy, lumbar epidural steroid injection was done on 07/03/2014, drug testing, and work restrictions. A lumbar epidural steroid injection was done on 07/03/2014 and it is documented that the injured worker had 70% help with pain and lasted approximately two and one half months. Laboratory studies reveal the patient is taking appropriate medication. It is documented the injured worker has had a Magnetic Resonance Imaging but the results are not present within the records reviewed. An electrodiagnostic and nerve conduction study was done on 4/5/2014 which did not reveal evidence of lumbar radiculopathy in the lower extremities muscles that were tested. On 9/17/2014 she continues with stiffness to the thoracic and lumbar spine with weakness, and tenderness to palpation, deformity, spasm, positive straight leg raise, and restricted range of motion. The injured worker will be scheduled for an additional lumbar epidural steroid injection, and conservative measures. On 9/17/2014 there is a request for Prilosec, the injured worker is on Tramadol, which assists with her pain but she is experiencing increased heartburn due to the medication. Utilization Review dated on 09/25/2014 denied the request for Prilosec 20mg, quantity 60, citing Chronic Pain Medical Treatment Guidelines: Nonsteroidal Anti-inflammatory Medication, Gastrointestinal Symptoms, and Cardiovascular Risk.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patient's with risk factors for gastrointestinal events. The cited records from 9/17/14 do not demonstrate that the patient is at risk for gastrointestinal events. Therefore determination is it is not medically necessary for the requested Prilosec.