

Case Number:	CM14-0184576		
Date Assigned:	12/15/2014	Date of Injury:	07/19/2012
Decision Date:	01/13/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/05/2014

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 Family Practice 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 37 year old male claimant sustained a work injury on 7/19/12 involving the low back and left upper extremity. He was diagnosed with lumbar sprain, lumbar radiculopathy and shoulder impingement. A progress note on 10/2/14 indicated the claimant had decreased range of motion of the lumbar spine with spasms. The left shoulder had impingement findings with weakness in the wrist on both sides. The claimant was continued on Neurontin, Prilosec Norco and Relafen. The claimant had been on the medications for pain relief and GI protection since at least May 2014 with similar exam findings and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI

events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as noted below is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.

Relafen 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the MTUS guidelines, NSAIDs are recommended for arthritis and back pain as a 2nd line treatment after failure of Tylenol. In this case, there was no indication of Tylenol failure. The claimant had been on opioids as well. There was no indication of combining the 2 classes of medications. In addition, the claimant required the use of Prilosec while on Relafen. The continued use of Relafen is not medically necessary.