

Case Number:	CM14-0188285		
Date Assigned:	11/18/2014	Date of Injury:	11/01/2013
Decision Date:	01/07/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/12/2014

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 Family Medicine, 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:

Patient had a date of injury on 11/1/2013. Patient was bending down and injured his lower back. Patient has had acupuncture and states it has helped. Diagnosis includes: low back pain and left lower extremity pain. MRI on 4/30/2014 showed multilevel Schmorl's nodes, and degenerative disk changes with spurring at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 #90 on 10/20/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-86.

Decision rationale: Based on guidelines it states first line treatment should be used prior to opioids. Opioids should only be used for moderate pain and the patient should have functional improvement. According to the medical records the patient shows no improvement with opioids and thus is not medically necessary.

Prilosec 20mg on 10/20/14 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications.

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

Decision rationale: According to guidelines omeprazole is to be used when NSAIDs are used for patients at increased risk of gastritis. According to the medical records there is no documentation that the patient is at risk of gastritis with NSAIDs and thus is not medically necessary.