

Case Number:	CM14-0193223		
Date Assigned:	12/01/2014	Date of Injury:	10/25/1990
Decision Date:	01/14/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	11/18/2014

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 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 patient is a 64-year old female with date of injury 10/25/90. The treating physician report dated 11/10/14 (15) indicates that the patient presents with chronic low back pain, bilateral hip pain and bilateral thigh pain plus continued right lower extremity symptoms extending to the toes which included: numbness, tingling, weakness and pain. The physical examination findings reveal the patient ambulated with an antalgic gait with partial right foot drop. The examination offered no documentation of gastrointestinal complications. The current diagnoses are: Lumbosacral spondylosis without myelopathy and Postlaminectomy syndrome lumbar region. The utilization review report dated 11/15/14 denied the request for one prescription of Prilosec 20mg based on MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with continued chronic low back pain, bilateral hip pain, and bilateral thigh pain plus continued right lower extremity symptoms extending to the toes which included: numbness, tingling, weakness, and pain. The current request is for one prescription of Prilosec 20mg. Prilosec is a proton pump inhibiting medication used to reduce the amount of acid produced by the stomach. The treating physician report dated 11/10/14 (15) review of gastrointestinal systems indicated that the patient denied nausea, vomiting, diarrhea, constipation, change in bowel habits, abdominal pain, melena, hematochezia, and jaundice. MTUS supports the usage of proton pump inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The provider in this case has not documented that the patient is at risk or currently experiencing any G/I side effects. Recommendation is for not medically necessary.