

Case Number:	CM14-0206166		
Date Assigned:	12/18/2014	Date of Injury:	02/07/2005
Decision Date:	02/09/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab, has a subspecialty in Interventional Spine 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 37 year old male with the injury date of 02/07/05. Per physician's one report 10/14/14, the patient has pain in his neck and lower back at 8/10. The pain is reduced by medication. The patient is currently working with modified duties. The lists of diagnoses are: 1) Lumbar displacement of intervertebral disc w/o myelopathy 2) Right sciatica 3) Cervicobrachial syndrome 4) Probably post traumatic hypertension 5) Probably post traumatic insomnia 6) Post-traumatic Anxiety and depression 7) Post Op -lumbar spine. The treater requested Norco, Tramadol ER, Tizanidine, Prilosec and Mobic. Per 03/14/14 toxicology report, Propoxyphene, Methadone, Oxycodone, Benzodiazepine, barbiturate, Hydrocodone and Hydromorphone are detected. The utilization review determination being challenged is dated on 12/02/14. One treatment report on 10/14/14 and one toxicology report on 03/04/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability 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 pain in his neck and lower back. The request is for Prilosec 20mg #90. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the treating physician does not provide any GI assessment to determine whether or not the patient would require prophylactic use of PPI. There is no documentation of any GI problems such as GERD or gastritis to warrant the use of PPI either. The request is not medically necessary.