

Case Number:	CM14-0208720		
Date Assigned:	12/22/2014	Date of Injury:	07/07/2008
Decision Date:	02/17/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/12/2014

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 Physical Medicine Rehab, has a subspecialty in Pain 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:

This is a male patient with a date of injury of July 7, 2008. A utilization review determination dated November 20, 2014 recommends non-certification of Prilosec 20 mg #60. A progress note dated October 21, 2014 identifies subjective complaints of low back pain and right foot pain. The patient describes his pain as dull, burning, and intermittent. The patient states that the pain radiates into the right foot, numbness, parasthesia, and weakness are noted. The patient also reports bilateral knee pain right worse than left. The patient describes his knee pain as a daily throbbing bone pain with off and on stabbing pain. For pain the patient is taking narcotics, anti-inflammatories, and muscle relaxers. The physical examination reveals that the right shoulder has decreased range of motion and positive crepitus. There is 2+ paralumbar spasm, lumbar tenderness to palpation, straight leg raise is positive that 40 on the right, and range of motion of the spine is limited secondary to pain. The diagnoses include reflex sympathetic dystrophy of the lower limb, joint pain of the shoulder, and knee joint pain. The treatment plan recommends prescriptions for the following Percocet 10/325 mg #60, Norco 10/325 mg #180, buspirone 15 mg #30, amitriptyline 25 mg #60, Prilosec 20 mg #60, and baclofen 10 mg #30. The treatment plan also recommends a urine drug screen, a request for a copy of QME reports, and fourth request for bilateral knee MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 per 10/21/14 report QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Prilosec 20mg #60, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Prilosec 20mg #60 is not medically necessary.