

Case Number:	CM14-0211858		
Date Assigned:	12/24/2014	Date of Injury:	08/07/2000
Decision Date:	02/19/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 individual is a 49 y/o male who has developed chronic spinal pain subsequent to an injury dated 8/7/2000. He has been diagnosed with a lumbar radiculopathy (electrodiagnostic positive) and various surgical procedures have been recommended. He his scheduled for a trial of epidural injections. Treatment has included a trial of a spinal cord stimulator without success. Medications include Norco 6-8 per day, Anaprox BID, Prilosec 20mg BID and Soma. The medications are office dispensed. There is no documented risk factors or symptoms referable to the GI system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg quantity 60: Upheld

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

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

Decision rationale: MTUS Guidelines do not recommend the routine use of proton pump inhibitors unless there are specific patient risk factors or symptoms secondary to NSAID use. The qualifying conditions are not documented in this patient. In addition, if proton pump inhibitors are indicated the usual and customary dose of 20mg. of Prilosec is recommended. Guidelines would not support the 40mg. per day (20mg twice a day) that is dispensed. These are not benign medications with long term use associated with increased fractures, lung infections and biological metals deregulation. The Prilosec 20mg. #60 is not medically necessary.