

Case Number:	CM15-0008446		
Date Assigned:	02/11/2015	Date of Injury:	01/29/1999
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/14/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 75-year-old man sustained a work related injury on 01/29/1999. According to the only progress, report submitted for review and dated 11/24/2014, the injured worker returned for a flare-up regarding his medications. Current complaints included low back pain that radiated to the left lower extremity. He experienced pain with movement and numbness that radiated to his left leg. Physical exam revealed no gastrointestinal complaints. Diagnoses included lumbar spine herniated nucleus pulposus protrusion 5 millimeter at L2-3 and dL5-S1 and 3 millimeter at L4-5 per records. According to the provider, the injured worker was prescribed Prilosec and Tramadol that was to be taken as needed for pain. On 12/30/2014, Utilization Review non-certified one prescription of Prilosec 20mg #30. According to the Utilization Review physician, the injured worker was currently not prescribed nonsteroidal anti-inflammatory drugs and was not complaining of gastrointestinal upset. There was no history of constipation, diarrhea, nausea, or vomiting during the most recent examinations. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Prilosec 20mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NSAIDs, GI symptoms

Decision rationale: The request for Prilosec is not medically necessary. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPIs is not required unless he is on chronic NSAIDs. The patient is not currently on any NSAIDs. In this limited chart, there was no documentation of GI symptoms that would require a PPI. Long term PPI use carries many risks and should be avoided therefore, this request is not medically necessary.