MAXIMUS Federal Services

Case Number:	CM15-0106980		
Date Assigned:	06/11/2015	Date of Injury:	01/10/1994
Decision Date:	07/13/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/03/2015

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: Arizona, California
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:

The injured worker is a 52-year-old male, who sustained cumulative industrial injuries from February 1, 2010 through February 20, 2013 and injuries on August 15, 1998 and January 10, 1994. He reported low back pain and bilateral knee pain. The injured worker was diagnosed as having status post multiple right knee and leg surgical interventions, multi-level lumbar degenerative changes, disc protrusions and radicular symptoms to the bilateral knees. Treatment to date has included diagnostic studies, surgical intervention of the right lower extremity, conservative care, multiple injections to the knees, H-wave device, TENS unit, medications and work restrictions. Currently, the injured worker complains of continued pain in the low back and bilateral knees worse on the right than the left with associated tingling, numbness and weakness. The injured worker reported cumulative industrial injuries resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 20, 2014, revealed continued pain as noted. He reported difficulty-performing activities of daily living, difficulty with ambulation, driving and sitting and being unable to stand for an extending amount of time. It was noted he failed a TENS unit trial and found some benefit with the H-wave device. Evaluation on June 11, 2015, revealed continued pain with associated symptoms as noted. Surgical intervention of the low back and right knee was discussed. He continued to require pain medications daily. Prilosec was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PPI Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as requested in the notes is not necessary is there is concern for GI risk. Therefore, the use of Prilosec is not medically necessary.