

Case Number:	CM15-0016698		
Date Assigned:	02/05/2015	Date of Injury:	12/12/2001
Decision Date:	03/24/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/29/2015

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: Florida, New York, Pennsylvania
 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 50 year old male, who sustained a work/ industrial injury as a track laborer on 12/12/01 to his low back and left knee due to throwing 135 lb. rail anchors onto the back of a pickup truck. He has reported symptoms of low back pain. Prior medical history was noncontributory. The diagnoses have included lumbar degenerative disc disease. Surgery included IDET/nucleoplasty decompression L4-5, right and left carpal tunnel releases, spinal cord stimulator placement, revision and subsequent removal, right lateral epicondylitis, left ulnar nerve anterior transposition, left knee arthroscopy, decompressive laminectomy and discectomy at L4-5 with posterior lumbar fusion, removal of retained metal at L4-5 and L5-S1. Treatment to date has included medications, physical therapy, epidural steroid injections and surgeries. Medications included Lidoderm patches, Valium, medical marijuana, and Soma, topical agents, Norco, and Prilosec. A current request for Prilosec was made due to medically induced gastritis. On 1/20/15, Utilization Review non-certified Prilosec 20 mg BID PRN #60, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines. Prilosec is now available over the counter (OTC).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg BID PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation ODG Pain (web, updated 12/31/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Part 2 Page(s): 68,78,79.

Decision rationale: The available medication list does not include traditional medications known for their associated risk for gastritis. The statement that the patient has suffered from medically induced gastritis does not appear to have any evidence to support the contention. There is no specific assessment for GI risk stratification as well as the proposed suspect agent. Specifically the member does not have an NSAID as a part of their medication list. There is no information that can adequately illuminate or support the request. The UR Non-Cert is supported.