

Case Number:	CM15-0018420		
Date Assigned:	03/20/2015	Date of Injury:	04/01/2004
Decision Date:	04/24/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/30/2015

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: California

Certification(s)/Specialty: Internal 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:

The injured worker is a 39 year old male, who sustained an industrial injury on April 1, 2004. He reported an injury to his low back when he was lifting a box overhead. The injured worker was diagnosed as having lumbar sprain/strain. Treatment to date has included multiple lumbar spine surgical procedures; physical therapy, medications, lumbar epidural steroid injection and a facet block. Currently, the injured worker complains of low back pain with increased activity. He reports decreased sensation to the left lower extremity and walks with an antalgic gait. His lumbar spine exhibited a mild left lower muscle spasm on examination and he had tenderness to palpation of the mid and lower paravertebral muscles. His treatment plan included instruction of soft tissue modalities, exercise and participation in activity, Tylenol-based medications and appropriate diet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Proton Pump Inhibitor (Prilosec), California Chronic Pain Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69, 68-71.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. The primary treating orthopedic physician's progress reports dated 1/5/15 and 1/26/15 do not document gastrointestinal risk factors. No gastrointestinal complaints or conditions are documented. Medical records do not provide support for the use of Prilosec (Omeprazole). The request for Prilosec is not supported by MTUS guidelines. Therefore, the request for Prilosec is not medically necessary.