

Case Number:	CM15-0019079		
Date Assigned:	02/06/2015	Date of Injury:	04/13/2009
Decision Date:	04/01/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	02/02/2015

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: 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 57-year-old male who reported an injury on 04/13/2009. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 11/14/2014. The documentation of 11/14/2014 revealed the injured worker underwent and cervical epidural steroid injection on 10/27/2014. It was noted to provide 50% relief in radicular symptoms in the right upper extremity. The injured worker had low back pain radiating to the lower extremities. The injured worker's medications included Norco 10/325 mg 2 tablets per day, Ultram ER, Neurontin, and Anaprox. The documentation indicated the injured worker required Prilosec as he developed medication induced gastritis symptoms. It was noted to be a current medication. The physical examination revealed tenderness to palpation along the posterior cervical musculature bilaterally and the injured worker had increased muscle rigidity in the cervical paraspinal muscles, upper trapezius, and medial scapular regions. The diagnostic studies included an EMG, a lumbar spine MRI, and a lumbar provocative discogram, and cervical spine MRI. The diagnoses included cervical musculoligamentous injury with right upper extremity radicular pain, lumbar myoligamentous injury with associated facet joint hypertrophy, right lower extremity radiculopathy, and medication induced gastritis. The treatment plan included a refill of the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, 2 x a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 67.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for the treatment of medication induced dyspepsia. The clinical documentation submitted for review indicated the injured worker had medication induced dyspepsia. However, the efficacy was not provided. The request as submitted failed to indicate the quantity of Prilosec being requested. Given the above, the request for Prilosec 20 mg 2 times a day is not medically necessary.