

Case Number:	CM15-0132567		
Date Assigned:	07/20/2015	Date of Injury:	03/10/2014
Decision Date:	08/14/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46-year-old male who sustained an industrial injury on 3/10/15. He had complaints of low back pain. Treatments include medication, physical therapy, aqua therapy, acupuncture with therapeutic massage and injections. Progress note dated 6/15/15 reports continued complaints of intermittent to frequent, mild to moderate, dull, achy low back pain with stiffness, heaviness and weakness. Range of motion is decreased. Diagnoses include: sprain/strain lumbar, muscle spasm lumbar, rule out lumbar disc protrusion, lumbar radiculitis versus radiculopathy and status post lumbar epidural steroid injection. Plan of care includes: continue medication, request aqua therapy and follow up with pain management. Follow up in 4-6 weeks.

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: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in March 2015 and continues to be treated for low back pain. When seen, there was decreased lumbar spine range of motion with paraspinal muscle and bilateral sacroiliac joint tenderness. There was pain with straight leg raising. Kemp's testing was positive bilaterally. Ibuprofen was prescribed at 800 mg per day and Prilosec and Mentoderm were also prescribed. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. Ibuprofen is being prescribed at less than the recommended dosing. The prescribing of a proton pump inhibitor such as Prilosec was not medically necessary.