

Case Number:	CM15-0142779		
Date Assigned:	08/03/2015	Date of Injury:	05/12/2014
Decision Date:	09/01/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/23/2015

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: Preventive Medicine, Occupational 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 30 year old female who sustained an industrial/work injury on 5-12-14. She reported an initial complaint of low back and left shoulder pain. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy and disorders of bursae and tendons in shoulder region. Treatment to date includes medication, exercise, activity modification, epidural steroid injection, physical therapy. MRI results were reported on 9-17-14. X-ray results were reported on 6-11-15. Currently, the injured worker complained of lower back with pain radiating into the lower extremity. Per the primary physician's report (PR-2) on 7-6-15, exam revealed tenderness in the lumbosacral spine, limited range of motion, positive lumbar facet loading bilaterally, lower extremity had minimal weakness, and bilateral positive straight leg raise. The requested treatments include Prilosec 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NSAIDS, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs. The request for Prilosec 20 mg #60 is determined to not be medically necessary.