

Case Number:	CM15-0142976		
Date Assigned:	08/03/2015	Date of Injury:	11/10/2012
Decision Date:	09/08/2015	UR Denial Date:	06/25/2015
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: Physical Medicine & Rehabilitation

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 47 year old male who sustained an industrial injury on 11-10-2012. The injured worker was diagnosed with lumbar degenerative disc disease, right piriformis syndrome and left leg Reflex Sympathetic Dystrophy Syndrome (RSD). The injured worker is status post L5-S1 laminectomy with nerve root decompression in October 2014. Treatment to date has included diagnostic testing, surgery, right piriformis injection (April 2015 noted as not beneficial), psychology sessions, pain management, physical therapy and medications. According to the primary treating physician's progress report on June 16, 2015, the injured worker continues to experience low back pain. Examination of the lower back demonstrated decreased range of motion with flexion at 60 degrees and extension at 10 degrees. Straight leg raise and Fabere were negative. There was reflex sympathetic dystrophy skin changes noted in the left leg. Current medications are listed as Lyrica, Lidocaine ointment, Tizanidine, Ativan, Venlafaxine and Buspirone. Treatment plan consists of repeating liver and kidney function laboratory bloodwork, internist for elevated liver enzymes, sympathetic nerve block and the current request for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 milligrams, daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The 47 year old patient complains of lower back pain and has been diagnosed with left leg RSD, right piriformis syndrome, and L5-S1 laminectomy with an osteophyte, as per progress report dated 06/16/15. The request is for PRILOSEC 20 MILLIGRAMS, DAILY. There is no RFA for this case, and the patient's date of injury is 11/10/12. As per progress report dated 06/09/15, the patient has low back pain, rated at 8-8.5/10, radiating to right hip, right buttocks, and both legs, along with constant left foot pain. The patient is status post lumbar spine surgery on 10/13/14. Current medications include Trazadone, Tizanidine, Lyrica, Omeprazole, Venlafaxine ER, Buspirone, and Lidocaine ointment. The patient is not working, as per the same report. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the patient has been using Prilosec at least since 01/07/15, along with Motrin (an NSAID). In progress report dated 03/12/15, the treater states that the medication is "to minimize GI side effects." However, in progress report dated 05/11/15, the patient denies h/o of ulcer or GI bleeding. Furthermore, in the most progress report dated 06/16/15, the treater states "I would hold off on any pain medication as he does have elevated liver function tests." Consequently the use of Prilosec for medication-induced gastritis is not needed. Additionally, the request does not include duration of treatment and MTUS does not support such open-ended requests. Hence, it IS NOT medically necessary.