

Case Number:	CM15-0144492		
Date Assigned:	08/05/2015	Date of Injury:	10/09/2014
Decision Date:	09/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/26/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 57 year old male who sustained an industrial injury on 10-09-2014. He reported trying to prevent the collapse and fall of a food cart that lost a wheel while going down a ramp. He felt a sharp pain to his low back and a pulling sensation on his left side groin area. The injured worker was diagnosed as having lumbar spine strain and sprain, herniated lumbar disc, L1-2, L3-4, L4-5 and L5-S1, and left inguinal hernia. His MRI showed a grade I anterolisthesis of L3 and left inguinal hernia. An electromyogram of the right leg and foot documented normal electromyography of the right leg and foot muscles L3-S1. A Nerve conduction study dated 05-14-2015 documented normal nerve conduction studies with no evidence of right lumbar root damage L3 to X1, no evidence of right peroneal neuropathy, no evidence of right posterior tibialis neuropathy, no evidence of right sural neuropathy, and normal H-reflex of the sciatic nerve on the right and left. An inguinal ultrasound documented left inguinal hernia. Treatment to date has included acupuncture, heat application, medications (including steroids) and physical therapy. Currently, the injured worker complains of pain in the lumbar spine that radiated down the left lateral knee region with occasional pain on the upper back, hip, left thigh, and right toes. Extended sitting aggravates the lumbar spine pain. He also complains of occasional pain in the upper back, hip, left thigh, and right toes. Heat, medications, and physical therapy reduce his pain. On examination, the range of motion in the lumbar spine was flexion 50 degrees, extension 5 degrees, and lateral flexion of 25 degrees in the right and in the left side. There was a positive straight leg raise at 70 degrees on the right and 80 degrees on the left which elicited pain on the L5-S1 dermatome distribution. There was facet joint

tenderness in the L3, L4, and L5 levels bilaterally with tenderness over the right inguinal with positive cough reflex. The treatment plan was for medications and acupuncture treatments. He was released to return to modified work on 06/02/2015 with restrictions. A request for authorization was made for the following: 1. Prilosec 20mg #60 (1 po bid) 2. Tramadol ER 150mg #60 (1 po bid)

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 (1 po bid): Upheld

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

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

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg #60 prescription is not medically necessary.