

Case Number:	CM15-0194393		
Date Assigned:	10/08/2015	Date of Injury:	03/14/2011
Decision Date:	11/23/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/02/2015

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: 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 50 year old female, who sustained an industrial injury on 3-14-2011. The injured worker was being treated for pain in her neck, upper back, low back with left lower extremity radiculitis, right shoulder with history of arthroscopy in 2012, and left knee with muscle weakness. Treatment to date has included diagnostics, right shoulder surgery, lumbar epidural steroid injections, and medications. On 8-10-2015, the injured worker complains of worsening low back pain with numbness and tingling to the bilateral lower extremities, and increased difficulty with activities of daily living. Her pain level was 6 out of 10 with medications and 9-10 without. She wished to pursue surgical intervention. Also reported were complaints regarding the cervical spine, right shoulder, and left knee, noted as without changes. A review of symptoms was positive for heartburn and stomach pain. Objective findings did not include an abdominal exam. Medications included Ultram, Anaprox ("causes stomach pains"), Zanaflex, and Neurontin. Anaprox was documented as to be discontinued and she was to start Omeprazole for the treatment of dyspepsia due to nonsteroidal anti-inflammatory drug or other medication use. Work status was not documented. Per the Request for Authorization dated 8-10-2015, the treatment plan included surgical consult in consideration of lumbar spine surgery (certified) and Prilosec 20mg #30, non-certified by Utilization Review on 9-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant sustained a work injury in March 2011 and continues to be treated for pain throughout the spine, right shoulder, and left lower extremity radicular pain. When seen, she was having worsening low back pain with increasing radiating symptoms. She wanted to pursue surgery. She was having increasing difficulty with activities of daily living. Physical examination findings included paravertebral muscle guarding with spasms. There was positive straight leg raising. There was decreased lower extremity sensation. Lumbar spine range of motion was decreased. She was using a rolling walker and favoring the left lower extremity. She was referred for a surgical evaluation. Anaprox was causing stomach pains and was discontinued. No other NSAID medication was prescribed. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant was no longer being prescribed an oral NSAID. The continued prescribing of Prilosec (omeprazole) is not medically necessary.