

Case Number:	CM15-0196551		
Date Assigned:	10/12/2015	Date of Injury:	03/02/2010
Decision Date:	11/18/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/06/2015

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: Connecticut, California, Virginia
 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 61 year old female, who sustained an industrial injury on 03-02-2010. Work status not noted in received medical records. Medical records indicated that the injured worker is undergoing treatment for low back pain, shoulder joint pain, and ankle joint pain. Treatment and diagnostics to date has included x-ray, MRI, electromyography-nerve conduction velocity studies, and medications. Recent medications have included Nabumetone, Tramadol, Naproxen, and Prilosec (since at least 01-15-2015). After review of the progress note dated 08-20-2015, the injured worker reported left ankle pain. Objective findings included bilateral sacroiliac joint tenderness, decreased range of motion of spine, and straight leg raise test negative. The Utilization Review with a decision date of 09-24-2015 non-certified the request for Prilosec 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The documents submitted for review provide no evidence of GI complaints or objective physical findings to warrant continued use of Prilosec. The MTUS states that clinicians should weigh the indications for NSAIDS against both GI and cardiovascular risk factors. There is no formal objective evidence on the physical exam, etc., documenting specific gastrointestinal symptoms or findings in the provided records. The request for Prilosec being non-certified is reasonable based on the lack of evidence for GI risk or symptomatology in the provided records. Therefore, the request is not medically necessary given the provided information at this time.