

Case Number:	CM15-0199456		
Date Assigned:	10/14/2015	Date of Injury:	07/04/2012
Decision Date:	12/01/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/09/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 37 year old male, who sustained an industrial injury on 07-04-2012. The injured worker was diagnosed as having other intervertebral disc displacement, lumbar region, lumbar sprain and lumbosacral neuritis or radiculitis, unspecified. The hand written documentation was difficult to decipher. On medical records dated 09-04-2015, the subjective complaints were noted as lumbar spine pain with radiation, numbness and tingling in the lower extremity, rated an 8 out of 10 and was experiencing gastritis. Objective findings were noted as lumbar spine with tenderness to palpation and lumbar spine paraspinal muscles, a positive straight leg raise to right foot was noted and decreased sensation on right. The patient had limited range of motion of lumbar spine. Treatments to date included Motrin, lumbar vest and acupuncture. The patient sustained the injury while picking up traffic cones. The patient has had MRI of the lumbar spine on 7/30/15 that revealed disc protrusions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg QTY: 30.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Request: Prilosec 20mg QTY: 30.00. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events; Patients at high risk for gastrointestinal events; Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when: (1) age over 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient has had GI symptoms with medications and the patient is using Motrin. The patient had a history of gastritis. Therefore there are significant GI symptoms, along with NSAID use. The request for Prilosec 20mg QTY: 30.00 is medically necessary and appropriate for this patient.

Vest-man external west/carrier vest uniform/uniform vest color-coded: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 09/22/15), Lumbar supports.

Decision rationale: Request: Vest-man external west/carrier vest uniform/uniform vest color-coded. Per the ACOEM guidelines cited, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." In addition the ODG cited regarding lumbar supports/brace: "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain; Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Under study for post-operative use; see Back brace, post-operative (fusion)." The patient has received an unspecified number of PT visits for this injury. A detailed response to prior conservative therapy was not specified in the records provided. The prior conservative therapy notes were not specified in the records provided. There is no evidence of instability, spondylolisthesis, lumbar fracture or recent lumbar surgery. A recent surgery or procedure note related to this injury was not specified in the records provided. The medical necessity of the request for Vest-man external west/carrier vest uniform/uniform vest color-coded is not fully established. The request is not medically necessary.