

Case Number:	CM15-0022855		
Date Assigned:	02/12/2015	Date of Injury:	09/18/2008
Decision Date:	04/06/2015	UR Denial Date:	01/03/2015
Priority:	Standard	Application Received:	02/06/2015

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: California, Arizona

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 65-year-old male who reported injury on 09/18/2008. The mechanism of injury was not provided. The injured worker was noted to undergo cervical surgery on 02/06/2014. The injured worker was noted to utilize postoperative physical therapy. The injured worker underwent an MRI of the cervical spine. The injured worker underwent x-rays. The injured worker was utilizing Prilosec as of at least 08/05/2014. The documentation of 09/10/2014 revealed the injured worker had 3-/5 deltoid strength. The injured worker had 3+/5 to 4-/5 left biceps strength. There was 3/5 extremity rotator strength on the left compared to the right. The diagnoses included postoperative C5 nerve palsy and cervical degenerative disc disease and stenosis with cervical myelopathy and status post anterior cervical fusion C3-6. The treatment plan included physical therapy, and included an EMG/NCV.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18, 22, 76 - 79 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. Injured workers with no risk factor and no cardiovascular disease do not require the use of proton pump inhibitors. The clinical documentation submitted for review failed to provide the rationale for the requested medication. The duration of use was since at least 08/2014. There was a lack of documented efficacy. The request as submitted failed to indicate the frequency. Given the above, the request for Prilosec 20 mg, sixty count is not medically necessary.