

Case Number:	CM15-0028207		
Date Assigned:	02/20/2015	Date of Injury:	05/01/2008
Decision Date:	04/07/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/13/2015

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, Hawaii
 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:

This 51 year old man sustained an industrial injury on 5/1/2008. The mechanism of injury was not detailed. Current diagnoses include herniated nucleus pulposus of the lumbosacral spine with bilateral L5 radiculopathy. Treatment has included oral medications, physical therapy, and trigger point injections. The worker has received a functional capacity evaluation. Physician notes dated 12/12/2014 show complaints of low back pain that radiates to the bilateral lower extremities rated 6-7/10. Recommendations include modified work duties, medication refills including Prilosec, and follow up in four weeks. On 1/12/2015, Utilization Review evaluated a prescription for prilosec capsule 40 mg #30, that was submitted on 2/6/2015. There was no rationale submitted with the UR. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec CAP 40 mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with low back pain. The current request is for Prilosec CAP 40 mg #30. The treating physician states, "Prilosec 40 mg #30 for stomach upset." (27B) The patient is currently taking Norco (for pain), Naprosyn (for anti-inflammatory effect, NSAID), Neurontin (for neuropathic pain), and Prilosec (for stomach upset). The MTUS guidelines support the usage of Proton Pump Inhibitors (PPIs) for gastric side effects due to NSAID use. In this case, the treating physician has documented that the patient is taking an NSAID and that Prilosec helps control stomach upset from the NSAID. The current request is medically necessary and the recommendation is for authorization.