

Case Number:	CM15-0215699		
Date Assigned:	11/05/2015	Date of Injury:	08/02/2012
Decision Date:	12/31/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/03/2015

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, Illinois

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 was a 49 year old male, who sustained an industrial injury, August 2, 2012. The injured worker was undergoing treatment for lumbar strain, chronic low back pain, status post cervical fusion and severe cervical stenosis. According to progress note of September 23, 2015; the injured worker's chief complaint was neck pain which was rated 8 out of 10 without medications and 5 out of 10 with medications. The injured worker also had low back pain, which was rated at 8 out of 10 without medications and 5 out of 10 with medications. The pain was aggravated at night with radiation of pain into the right and left shoulders. The physical examination noted stiffness and tightness at the cervical paravertebral and interscapular area. There was restricted range of motion. The lumbar spine noted tenderness to touch on both sides. There was stiffness and tenderness on the sides of the lumbar scar as well as pain. The straight leg raises could not be conducted due to the pain. The injured worker previously received the following treatments cervical fusion of C5-C6 and C6-C7 on April 15, 2015; Prilosec 2 time daily since April 2015, psychological services, Tizanidine, Neurontin, Norco and Amitriptyline. The RFA (request for authorization) dated September 23, 2015; the following treatments were requested a prescription renewal for Prilosec 20mg two times daily #60. The UR (utilization review board) denied certification on October 6, 2015; the prescription for Prilosec 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (online version).

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

Decision rationale: The injured worker sustained a work related injury on August 2, 2012. The medical records provided indicate the diagnosis of lumbar strain, chronic low back pain, status post cervical fusion, severe cervical stenosis. Treatments have included cervical fusion, Prilosec 2 time daily, psychological services, Tizanidine, Neurontin, Norco, Amitriptyline. The medical records provided for review do not indicate a medical necessity for Prilosec 20mg #60. The MTUS recommends that clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low- dose ASA). The medical records do not indicate the injured worker is at risk of gastrointestinal events; besides, he was not on NSAIDs at the time of the request. Therefore, the request for Prilosec 20mg #60 is not medically necessary.