

Case Number:	CM15-0223144		
Date Assigned:	11/19/2015	Date of Injury:	08/30/2012
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/13/2015

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: North Carolina

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:

The injured worker is a 46 year old male with a date of injury on 08-30-2012. The injured worker is undergoing treatment for cervical disc herniation with bilateral upper extremity radicular symptoms strain-sprain of the cervical neck and herniated nucleus pulposus lumbar spine with bilateral S1 nerve root impingement, and medicine induced gastritis and gastroesophageal reflux disease. A physician progress note dated 10-13-2015 documents the injured worker rates his pain as 8 out of 10 and is requesting a trigger point injection since it give him a good week of relief enabling him to sleep better at night. A lumbar discectomy, decompression and fusion have been recommended but he refuses this at this time. He does not want any cervical or lumbar epidural injections. He developed a rash after his last epidural injection. He continues to complain of cervical spine radicular symptoms bilaterally. He has cervical musculature tenderness bilaterally with increased muscle rigidity. He has numerous trigger points that are palpable and tender. There is cervical decreased range of motion. Sensory exam with pinprick wheel is decreased along the medial forearms bilaterally. Lumbar range of motion is restricted and there is tenderness bilaterally with increased muscle rigidity and multiple palpable trigger points. Sensory exam with pinprick wheel is decreased along the posterior lateral thigh and lateral calf in approximately L5-S1 distribution. Straight leg raise is positive bilaterally. Treatment to date has included diagnostic studies; medications, physical therapy, lumbar epidural steroid injections, status post lumbar decompression discectomy and fusion, stretching exercises, and trigger point injections. His current medications include Norco, Anaprox, Neurontin and Prilosec. The Request for Authorization dated 10-13-2015 includes Prilosec 20mg #60, Anaprox, Neurontin, and Norco. On 10-28-2015, Utilization Review non-certified the request 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: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, Prilosec.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of GERD, gastritis and peptic ulcer diseases. The patient does have these diagnoses and has documentation of symptoms and findings on exam. Therefore, the request is medically necessary.