

Case Number:	CM15-0032701		
Date Assigned:	02/26/2015	Date of Injury:	11/08/2007
Decision Date:	04/10/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/20/2015

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

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 (IW) is a 46-year-old male, who sustained an industrial injury on 11/8/2007. The details of the initial injury and prior treatment were not submitted for this review. The Magnetic Resonance Imaging (MRI) of lumbar spine 7/19/14 revealed L5-S1 disc bulge without evidence of stenosis. The diagnoses have included status post right foot surgery 2012, complex regional pain in right lower extremity, right hip pain, lumbar strain, disc protrusion L5-S1, and status post bilateral elbow contusions. Currently, the IW complains of constant sharp neck, low back, and right hip pain. The physical examination from 12/10/14 documented no acute findings for cervical spine, lumbar spine, or right hip. The right foot was documented to have tenderness and swelling. There is documentation of pending authorization for an injection to the S1 joint. On 1/22/2015 Utilization Review, non-certified Prilosec capsules 20mg. The MTUS Guidelines were cited. On 2/20/2015, the injured worker submitted an application for IMR for review of Prilosec capsules 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec Cap 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

Decision rationale: Based on the 12/10/14 treater report, the patient presents with constant low back, right foot, and groin pain he describes as severe, sharp, stabbing and throbbing. Patient's diagnosis per RFA dated 12/10/14 includes right lower extremity complex, residuals after right foot surgery in 12/2012, regional pain syndrome, right hip pain, right inguinal pain. The Magnetic Resonance Imaging of lumbar spine 7/19/14 revealed L5-S1 disc bulge without evidence of stenosis. Patient's work status is unavailable. MTUS pg 69 states, "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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, prior treater reports were not provided. Treater report dated 12/10/14 states, "Refill Menthoderm, Naproxen, Prilosec, and Tramadol." Treater has not provided a reason for the request. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. Reviews of medical records do not show evidence of gastric problems, and there is no mention of GI issues to support further use of Prilosec. Given lack of documentation as required my guidelines, the request is not medically necessary.