

Case Number:	CM15-0034991		
Date Assigned:	03/03/2015	Date of Injury:	12/19/2007
Decision Date:	04/08/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/24/2015

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: New Jersey, New York
 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 49 year old female, who sustained an industrial injury on 12/19/2007. On provider visit dated 01/12/2015 the injured worker has reported cervical spine pain, numbness and tingling in arms and right shoulder pain, low back pain and numbness and tingling in her bilateral lower extremities. The diagnoses have included cervical radiculopathy, lumbar radiculopathy and shoulder impingement. Treatment to date has included medications. On examination he was noted cervical spine tenderness and spasms and restricted range of motion and decreased sensation to pinprick in both hands. Shoulder s was noted as tender to palpation and restricted range of motion on right. Lumbar spine was noted as spasm in paraspinals muscles and tenderness to palpation of the paraspinals muscle with a restricted range of motion and reduced sensory in both feet. Treatment plan included to continue taking medication as before. On 01/27/2015 Utilization Review non-certified Rabeprazole Sodium 20 mg #30. The CA MTUS, Chronic Pain Medical Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rabeprazole Sodium 20 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs, NSAIDs, GI symptoms.

Decision rationale: The request for Prilosec is not medically necessary. There is no documentation of GI risk factors or history requiring PPI prophylaxis. The use of prophylactic PPI's is not required unless he is on chronic NSAIDs, which the patient was not on. There was documentation of GI symptoms such as nausea, vomiting, and diarrhea that did not improve with the use of rabeprazole. Long-term PPI use carries many risks and should be avoided. Therefore, this request IS NOT medically necessary.