

Case Number:	CM15-0041237		
Date Assigned:	03/09/2015	Date of Injury:	02/27/2006
Decision Date:	04/14/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/04/2015

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: Arizona, California
 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 47 year old male, who sustained a work/ industrial injury on 2/27/06. He has reported initial symptoms of back and shoulder pain. The injured worker was diagnosed as having lumbar strain and contusion to left shoulder; lumbar spinal stenosis. Treatments to date included medication, physical therapy, psychotherapy for depression/sleep disturbance, and home exercise program. Magnetic Resonance Imaging (MRI) of 10/28/09 reported L4-5 severe intervertebral disc space narrowing with decreased signal intensity and desiccation, 3.5 mm disc bulge with annular fibrosis causing severe central and moderate bilateral foraminal stenosis. Currently, the injured worker complains of debilitating pain in the lower back that radiated to both lower extremities (R>L). Medications included Norco, Roxicodone, and OxyContin, as needed. The treating physician's report (PR-2) from 2/9/15 indicated the injured worker had multilevel disc disease with positive discogram at L4-5 >L3-4 and L5-S1. Examination of the lumbar spine revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points, which were palpable and tender throughout the lumbar paraspinal muscles. There was decreased range of motion with obvious muscle guarding. Lumbar flexion was 45/60, extension 15/25, left and right lateral bend 20/25. Deep tendon reflexes were normal. Treatment plan included implantation of a intrathecal infusion pump when medically stable, refill current medication to include Prilosec, referral to internist for medical management of blood pressure, manage Coumadin dosing and follow up labs and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec cap 20mg #60 BID: 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-PPI Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs or medications for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, the claimant is on Coumadin which would place him at risk of bleeding. The claimant was receiving steroid injections for epicondylitis which can increase GI risk events. Therefore, the continued use of Prilosec is not medically necessary.