

Case Number:	CM15-0060868		
Date Assigned:	04/07/2015	Date of Injury:	05/01/2012
Decision Date:	05/06/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/31/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old male who sustained an industrial injury on May 1, 2012. The injured worker was diagnosed with lumbar spine sprain/strain with right lower extremity radiculopathy, lumbar spondylosis, and degenerative disc disease, right knee sprain/strain and right long finger tenosynovitis. Treatment to date has included diagnostic testing, activity modification, physical therapy, home exercise program, right knee brace, cortisone injections to trigger finger times 2, and medications. According to the primary treating physician's progress report on February 23, 2015, the injured worker continues to experience lumbar spine pain to right heel and right knee with weakness and clicking. Examination of the lumbar spine demonstrated tenderness to palpation with spasm, right greater than left side, positive straight leg raise and decreased sensation at right L4-L5-S1 dermatome. Examination of the right knee demonstrated tenderness to palpation of the medial and lateral area. Examination of the right hand noted tenderness to palpation of the 3rd digit with triggering. Current medication is listed as Anaprox. Treatment plan discussed included pain management consultation, lumbar spine epidural steroid injection (ESI), #3 steroid injections to the right 3rd trigger finger, refill Anaprox, Cialis for sexual dysfunction, home exercise program, and the current request for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22; 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic low back and knee pain. Medications include Anaprox being prescribed on a long-term basis. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. Medications have included non-steroidal anti-inflammatory medication at a dose consistent with guideline recommendations. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy and the claimant is not being prescribed an SSRI (selective serotonin reuptake inhibitor) class medication. In this clinical scenario, guidelines do not recommend that a proton pump inhibitor such as Prilosec be prescribed. Therefore, the requested medical treatment is not medically necessary.