

Case Number:	CM15-0089552		
Date Assigned:	05/13/2015	Date of Injury:	05/23/2013
Decision Date:	06/22/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/11/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 55-year-old male, who sustained an industrial injury on 5/23/2013. Diagnoses include neck sprain/strain, thoracic sprain/strain, lumbar sprain/strain, sprain & strain of unspecified site of knee and leg, displacement cervical intervertebral disc without myelopathy and degenerative disc disease. Treatment to date has included diagnostics including magnetic resonance imaging (MRI) and electrodiagnostic testing, medications, acupuncture and chiropractic care. Per the Supplemental Charting Notes dated 3/10/2015, the injured worker reported neck pain radiating to the shoulders and constant low back pain rated as 6/10. Per the Primary Treating Physician's Progress Report dated 2/11/2015, he reported neck and back pain with weakness in the right leg and numbness and tingling in the upper and lower extremities. Physical examination revealed tenderness to palpation of the thoracic, lumbar, sacral, coccyx, midline and sacroiliac joint areas with muscle spasms and decreased ranges of motion. The plan of care included acupuncture, diagnostic testing and inferential unit. Authorization was requested for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NASIDS GI Symptoms and Cardiovascular Risk Page(s): 68 - 69.

Decision rationale: The patient is a 55-year-old male with an injury on 05/23/2013. He had neck and back sprain/strain. Prilosec is a proton pump inhibitor. MTUS, chronic pain guidelines note criteria for the medical necessity for proton pump inhibitors (PPI) include patient age of 65 or higher, history of GI bleeding or peptic ulcer disease or taking anticoagulants. The patient documentation does not meet these criteria and the requested PPI is not medically necessary.