

Case Number:	CM15-0237549		
Date Assigned:	12/15/2015	Date of Injury:	09/05/2011
Decision Date:	01/21/2016	UR Denial Date:	11/24/2015
Priority:	Standard	Application Received:	12/04/2015

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: 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 35 year old male who sustained an industrial injury on 09-05-2011. Medical records indicated the worker was treated for diagnoses of lumbar radiculitis. In the provider notes of 11-16-2015, the worker complained of low back and right hip pain. Hip surgery is authorized and planned on the right hip. His hip pain is rated as an 8 on a scale of 0-10 intensity without pain medications and as a 6 on a scale of 0-10 intensity with pain medications. His pain is worse with prolonged sitting, and walking. Medications, injections, and physical therapy makes it better. On exam, the worker has tenderness over the lumbar paraspinals and over the lumbar facet joints. There is pain with lumbar flexion and extension. Straight leg raise is positive on the right. Sciatic notches are pain free to palpation and the sacroiliac joints are non-tender. The worker takes his medications to decrease pain and increase function. He takes Norco (since at least 04-06-2015) for severe pain, naproxen (since at least 04-06-2015) for inflammation, and omeprazole(since at least 04-06-2015) to help prevent gastrointestinal upset. He uses Lidoderm to help with nerve pain and inflammation. Medications allow him to take care of his home and children. He has depression and anxiety and is taking Sertraline (since at least 04-2015) which he feels is helping his depression. A request for authorization was submitted for: 1. Retrospective Prilosec 20mg #60 DOS: 11-16-15. 2. Retrospective Anaprox 550mg #60 DOS: 11-16-15. 3. Retrospective Norco 5/325mg #60 DOS: 11-16-15. 4. Retrospective Zolofit 50mg #30 DOS: 11-16-15. 5. A utilization review decision 11-24-2015. Authorized; Retrospective Anaprox 550mg #60 DOS: 11-16-15. Retrospective Norco 5/325mg #60 DOS: 11-16-15- Retrospective Zolofit 50mg #30 DOS: 11-16-15. And modified Retrospective Prilosec 20mg #60 DOS: 11-16-15 to certify with recommendations: Prilosec 20 mg #30 with non-approval of the remaining Prilosec 20 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Prilosec 20mg #60 DOS: 11/16/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant sustained a work injury in September 2011 when, while working as a landscaper, he slipped from the top of a hill and hit the ground with his right hip and continues to be treated for low back pain and hip pain. An MRI of the lumbar spine in January 2015 included findings of multilevel disc bulging with an annular tear at L4/5 and multilevel mild facet arthropathy with mild bilateral foraminal narrowing. An MRI of the right hip in May 2015 showed findings of a large labral tear with perilabral cysts. When seen in November 2015 he was having ongoing low back and right hip pain. Medications are referenced as helpful and being well-tolerated with decreased pain from 8/10 to 6/10 and improved function. His past medical history included gastric ulcers. Physical examination findings included up body mass index over 30. He had lumbar paraspinal and facet joint tenderness and pain with flexion and extension. Right straight leg raising was positive. He had decreased right lateral upper leg sensation and there was a slightly antalgic gait. Medications including Anaprox and Prilosec were continued. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take Anaprox (naproxen) at the recommended dose and has a history of gastrointestinal ulcer. Medications are providing benefit and being well-tolerated. Prescribing Prilosec (omeprazole) was medically necessary.