

Case Number:	CM14-0105279		
Date Assigned:	08/25/2014	Date of Injury:	01/05/2007
Decision Date:	10/28/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/08/2014

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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 33-year-old male who reported injury on 01/05/2007. The mechanism of injury was not included. The diagnoses included status post laminectomy and discectomy at L4-5 on 03/05/2007, chronic musculoligamentous sprain of the lumbar spine, degenerative disc and facet joint disease, disc protrusion of 2 mm to 3 mm at L4-5 and 4 mm to 5 mm at L5-S1 and radiculopathy of the right lower extremity. The progress note dated 06/09/2014 noted the injured worker complained of pain and discomfort to the low back, rated 6/10. The objective findings were noted as tenderness to palpation over the lumbar spine, flexion to 35 degrees, extension to 20 degrees and a positive straight leg raise. The medications were not listed. The treatment plan requested authorization for refills of Norco 10/325 mg 1 every 6 to 8 hours as needed for pain #60 and Prilosec 20 mg 1 daily #30 for symptomatic relief, an MRI of the lumbar spine and a course of acupuncture. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Prilosec 20 mg #30 is not medically necessary. The injured worker reported constant pain and discomfort in his low back, rated 6/10. There were no gastrointestinal symptoms reported. The California MTUS Guidelines recommend the use of proton pump inhibitors for patients on NSAIDs with increased risk of gastrointestinal complications. The risk factors include age (greater than 65), history of peptic ulcer, GI bleed or perforation, concurrent use of aspirin, corticosteroids, anticoagulants or high dose or multiple NSAIDs. There was no documented assessment of gastrointestinal risks. There was no documented assessment of gastrointestinal symptoms. There was no indication of the efficacy of the Prilosec. There was no indication of the frequency intended for use to determine the medical necessity. Given the previous, the continued use of Prilosec is not supported at this time. Therefore, the request is not medically necessary.