

Case Number:	CM14-0129520		
Date Assigned:	10/09/2014	Date of Injury:	03/16/2006
Decision Date:	12/17/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/14/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Injured worker is a female with date of injury 3/16/2006. Per secondary treating physician's progress evaluation dated 7/18/2014, the injured worker recently underwent six sessions of acupuncture and this has helped a great deal with neck pain. It has also been able to help decrease the tension and cause less headache pain. She is still reporting greater than 50% improvement from nerve blocks performed on 4/23/2014. She notes she is having more headaches and neck spasm. As to her low back, she continues to have pain with low back mostly with prolonged driving that starts radiating into her right leg. This is severe enough that she has to pull over and stretch intermittently. On examination of the cervical spine there is tightness in the cervical paraspinal musculature with forward flexion being restricted to 35 degrees and extension at 40 degrees, which is improved and left and right rotation also improved at 70 degrees. Cervical compression does not produce radicular pattern of pain. Manual traction alleviates pain in the neck. The low back has tightness in the paraspinal musculature with taut muscle bands with mild spasm on the lower left. Straight leg raise is 90 degrees without pain. There are no neurological deficits noted for the lower extremities. Diagnoses include 1) status post lumbar fusion with decompression and revision L5-S1 in 9/2008 2) right lower extremity radiculopathy 3) situational depression secondary to chronic pain, stable 4) occipital neuralgia 5) weight loss approximately 35 pounds, which has currently stabilized 6) myofascial pain and spasm 7) migraine headaches 8) vitamin D deficiency 9) GERD.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Prilosec are recommended when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs. The injured worker is reported to have GERD but not as a result of NSAID use. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Prilosec 20mg #30 is not medically necessary.