

Case Number:	CM14-0147577		
Date Assigned:	09/15/2014	Date of Injury:	01/14/2010
Decision Date:	10/24/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/11/2014

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 Family Medicine, and is licensed to practice in Ohio. 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 39-year-old female whose date of injury was 1/4/2010 when she slipped on a piece of meat at work. She complains of ongoing neck, low back, and bilateral upper extremity pain with numbness and tingling to the right arm, hand, wrist, and right lower extremity. An MRI scans from 2013 revealed left-sided disc extrusion at L4-L5. Injured worker has had an epidural injection previously which did not really for leg symptomatology. Her diagnoses include lumbar disc displacement and radiculitis, coccydynia, right-sided carpal tunnel syndrome, and sciatica. Physical exam reveals diminish lumbar range of motion, diminished sensation at the left L4-L5 dermatome, positive straight leg raise test on the left and otherwise normal reflexes and strength of the lower extremities. She has remained on ketoprofen chronically and evidently she has heartburn symptomatology as a consequence. There is no history of peptic ulcer disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg delayed release: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, NSAIDs, GI symptoms & cardiovascular risk

Decision rationale: The above guidelines state that proton pump inhibitors like Prilosec are necessary when (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. In this instance, the injured worker has none of the above risk factors. Symptomatic heartburn as a consequence of NSAID use is not a qualifying criterion for the above guidelines for proton pump inhibitor usage. Therefore, Prilosec 20mg delayed release is not medically necessary per the above guidelines.