

Case Number:	CM14-0192127		
Date Assigned:	11/25/2014	Date of Injury:	03/25/2013
Decision Date:	01/12/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/17/2014

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 Emergency 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:

The injured worker is a 41-year-old male who reported an injury on 03/25/2013; the mechanism of injury was not provided. On 11/10/2014, the patient presented with a significant history of disc herniation at the L4-5 and disc protrusion at the L3-4. The patient had severe right leg pain noted. Upon examination, there was increased pain to the right leg with a straight leg raise exam. There were 1+ reflexes noted in the knees and ankles. A current medication list was not provided. The provider recommended Prilosec 20 mg 1 by mouth daily with a quantity of 30 and 3 refills. There was no rationale provided. The Request for Authorization form was not included in the medical documents 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 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation California Code of Regulations, Title 8

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for Prilosec 20 mg 1 by mouth ad with a quantity of 30 and 3 refills is not medically necessary. According to the California MTUS Guidelines, proton pump

inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. There is no information on treatment history and length of time the injured worker has been prescribed Prilosec. Additionally, there was no documented evidence of a moderate to high risk for gastrointestinal events or the injured worker with a diagnosis congruent with the guideline recommendations, such as dyspepsia. As such, medical necessity has not been established.