

Case Number:	CM14-0043180		
Date Assigned:	06/20/2014	Date of Injury:	04/15/2013
Decision Date:	08/18/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/17/2014

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 Physical Medicine and Rehabilitation, 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 56 year-old individual was reportedly injured on 4/15/2013. The mechanism of injury is noted as trip and fall. The most recent progress note, dated 5/15/2014. Indicates that there are ongoing complaints of low back pain rating down the left lower extremity. The physical examination demonstrated lumbar spine: flattening of the normal lumbar lordosis. Positive tenderness to palpation over the pair spinous region, with spasms present. Referred pain to left buttock and left lower extremity. Limited range of motion with pain. Positive straight leg raise on the left at 40, 60 on the right. Left lower extremity muscle strength 4/5. Sensation is decreased to light touch and pinprick in the left lower extremity. Diagnostic imaging studies mentioned a magnetic resonance image report of the lumbar spine that was reviewed on this data service. Indicates there is moderate diffuse disc herniation at L4-5, Central spinal canal stenosis, compression of the bilateral exiting L5 nerve roots. Previous treatment includes chiropractic care, physical therapy, epidural steroid injections, trigger point injections, and medications. A request was made for Prilosec 20mg, #60, Fex Mid 7.5mg, #60, and was not certified in the pre-authorization process on 3/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page 68.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. An unspecified gastrointestinal disorder has been documented as a diagnosis for this claimant. After review the medical documentation provided it is noted in the history of present illness the patient has unspecified bowel and sexual dysfunction complaints. Without giving specific information on what bowel complaints the injured workers experiencing I am unable to determine if this medication is appropriate. Therefore, lacking further documentation, the use of this medication is not medically necessary.

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle relaxants page 41, 64.

Decision rationale: California Medical Treatment Utilization Schedule supports the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the injured workers' date of injury and clinical presentation, the guidelines do not support this request for chronic pain. Therefore, the request is not medically necessary.