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| Case Number: | CM14-0091457 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 01/30/2014 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 06/10/2014 |
| Priority: | Standard | Application Received: | 06/18/2014 |

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, has a subspecialty in Intervention Spine 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 patient is a 55-year-old female with an injury date of 01/30/2014. Based on the 05/19/2014 progress report, the patient complains of having constant lower back pain and occasional right foot pain. The patient rates her lower back pain as a 7/10 and she rates her foot pain as a 3-4/10. In regards to her feet, she has numbness and discoloration in the heels area. The patient is having difficulty performing the following activities of daily living as a result of the injury: standing, sitting, reclining, walking, climbing stairs, and with having a restful nocturnal sleep pattern. The 04/03/2014 report indicates that the patient has persistent severe burning to her upper lumbar back. The patient also complains of having thoracic spine pain which she rates as 8/10. MRI of the lumbar spine on 03/13/2014 reveals the following: 1. Diffuse disk bulge measuring 3 to 4 mm at L4-L5 disk level with narrowing of the neural foramina bilaterally. 2. Diffuse disk bulge measuring at 2 to 3 mm at L3-L4 disk level. 3. Degenerative disk disease at the facet joints at L4-L5 disk level. 4. Degenerative disk disease at L4-L5 and L5-S1 disk levels. 5. Desiccated disk at L3-L4 disk level. 6. Degenerative disk disease at T11-T12, T12-L1 disk levels. The 03/21/2014 MRI of the thoracic spine revealed the following: 1. At approximately T11-T12 level, there is a narrow disk with a 4 mm disk protrusion creating a moderate canal stenosis. 2. At approximately T12-L1, there is a narrowed disk with 3 mm central disk protrusion. The patient's diagnoses include the following: 1. Strain: Lumbar. 2. Strain: Thoracic. 3. Thoracic disk disease. 4. Lumbar disk disease. The utilization review determination being challenged is dated 06/10/2014. Treatment reports were provided from 01/30/2014 - 08/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Guidelines- Recommended for patients at risk for gastrointestinal events

Decision rationale: Based on the 05/19/2014 progress report, the patient complains of having constant lower back pain, occasional pain in her right foot, and constant pain in her left foot. The request is for Prilosec. The MTUS supports the usage of proton pump inhibitor for gastric side effects due to NSAID use. For prophylactic use of PPIs, MTUS requires GI assessment that includes the patient's age, history of PUD, high dose of NSAID use, concurrent use of ASA or anticoagulant therapy, etc. In this case, the treater does not document any gastrointestinal symptoms for this patient and a routine use of PPI for prophylaxis is not supported without GI assessment. Therefore, recommendation is for denial.