

Case Number:	CM14-0093994		
Date Assigned:	07/25/2014	Date of Injury:	11/25/2005
Decision Date:	09/22/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/20/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 53-year-old male with a 11/25/05 date of injury. The mechanism of injury was not noted. According to the most recent progress report provided for review dated 12/10/13, the patient continued to experience debilitating pain of his lower back which radiated down to his left lower extremity with numbness and weakness of his left foot. He also complained of pain in his neck, radiating down to his left upper extremity. The patient is currently utilizing the following medications: Norco, Soma, Anaprox DS, Prilosec, Neurontin, Cialis, and Klonopin. Objective findings: tenderness to palpation along the posterior lumbar musculature bilaterally with increased muscle tone; tenderness in the posterior cervical musculature and trapezius muscle; mild cervical decrease range of motion (ROM); decreased sensation along the posterior lateral forearm on the left as well as palm of the left; decreased grip strength on the left. Diagnostic impression: lumbar discopathy; status post posterior lumbar interbody fusion L4-5 and L5-S1, 4/14/10; left lower extremity radiculopathy; right knee internal derangement; cervical myoligamentous injury with bilateral upper extremity radiculopathy; possible bilateral carpal tunnel syndrom; medication-induced gastritis. Treatment to date: medication management, activity modification, surgery, spinal cord stimulator, epidural steroid injection (ESI) A UR decision dated 5/30/14 denied the request for Prilosec. The clinical documentation submitted for review indicated that the patient had been diagnosed with medication-induced gastritis. There was a lack a documentation of the efficacy for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg; QTY: #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation FDA (Omeprazole).

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and the FDA support proton pump inhibitors in the treatment of patients with Gastrointestinal (GI) disorders such as gastric/duodenal ulcers, gastroesophageal reflux disease (GERD), erosive esophagitis, or patients utilizing chronic non-steroidal anti-inflammatory drugs (NSAID) therapy. It is documented that the patient is taking Anaprox DS. Guidelines support the prophylactic use of Prilosec in patients utilizing chronic NSAID therapy. In addition, it is documented that the patient is suffering from medication-induced gastritis. Therefore, the request for Prilosec 20mg; QTY: #60 was medically necessary.