MAXIMUS Federal Services

Case Number:	CM14-0098009		
Date Assigned:	07/28/2014	Date of Injury:	01/28/2004
Decision Date:	09/15/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/26/2014

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, Pain Medicine and is licensed to practice in Florida. 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 45-year-old male who reported an injury on 01/28/2004. The mechanism of injury was not provided within the medical records. The clinical note dated 11/03/2011 indicated diagnoses of post laminectomy syndrome of the lumbar and degenerative disc disease of the lumbar. The injured worker reported low back pain and right lower extremity pain rated 4/10 that extended in a band across the lower portion of the lumbar spine and radiated down the posterior aspect of the right lower extremity to the foot. The injured worker reported he underwent back surgery on 01/11/2007 involving an L4-5 laminectomy and discectomy. Following the surgery, the injured worker reported both the leg and the back pain had resolved. The injured worker reported 3 to 4 months later the low back pain had returned and approximately 4 months after that the leg pain had resumed in the right lower extremity. The injured worker reported constant pain in duration described as aching and burning with numbness in the right foot and along the lateral aspect of the right leg. The injured worker reported his pain was worse with sitting or standing for an extended period of time and relieved with lying flat and with medications. The injured worker reported his activities of daily living are limited secondary to pain. On physical examination, the injured worker walked with an antalgic gait. There was marked tenderness to midline of the lower lumbar spine over the scar. The patient's range of motion was decreased. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included methadone, Norco, Soma, Lyrica, and omeprazole. The provider submitted a request for Prilosec. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

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

Decision rationale: The California MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for gastrointestinal bleeding or perforations or peptic ulcers. It was not indicated if this was a new prescription or if the injured worker had utilized this medication. Moreover the request does not indicate a frequency for this medication. Additionally, the injured worker is in need of an updated physical examination. Therefore, the request for Prilosec 20mg, #30 is not medically necessary and appropriate.