

Case Number:	CM14-0092637		
Date Assigned:	07/25/2014	Date of Injury:	03/25/2013
Decision Date:	04/16/2015	UR Denial Date:	05/21/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

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 40-year-old male, who sustained an industrial injury on 3/25/2013. Initial symptoms at the time of the injury have not been provided with the documentation submitted for review. The injured worker was diagnosed as having degenerative lumbar/lumbosacral intervertebral disc disease, displacement lumbar intervertebral disc without myelopathy, and spinal stenosis lumbar without neurogenic claudication. Treatment to date has included heat, ice, rest, gentle stretching exercises, epidural steroid injections, diagnostics and medication. Currently on 5/14/14, the injured worker complains of continued lumbar radiculopathy, neck and shoulder pain. He reports low back pain with spasm rated as 9/10 without medication. Objective findings include tenderness and tightness to the posterior cervical region with restricted range of motion. There is severe lumbar tenderness and tightness of the right greater than left lumbosacral area. The plan of care includes continuation of his chronic pain medication regimen and follow-up care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. The cited records from 5/14/14 do not demonstrate that the patient is at risk for gastrointestinal events. Therefore, determination is for non-certification for the requested Prilosec.