

Case Number:	CM15-0006491		
Date Assigned:	01/26/2015	Date of Injury:	09/24/2012
Decision Date:	03/20/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/12/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31-year-old female who reported an injury on 09/24/2012. The mechanism of injury was not specifically stated. The current diagnoses included low back pain and lumbar radiculitis. The injured worker presented on 12/17/2014 for a followup evaluation with complaints of persistent lower back pain. The injured worker reported a decrease in pain levels from 9/10 to 6/10 with the current medication regimen. The injured worker was utilizing naproxen 550 mg, Prilosec 20 mg, Colace 100 mg, Biofreeze, tramadol, and Flector 1.3% patch. Upon examination of the lumbar spine, there was limited range of motion. Recommendations included continuation of the current medication regimen. The Request for Authorization form was then submitted on 01/02/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 With 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There was also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.