

Case Number:	CM15-0017555		
Date Assigned:	02/05/2015	Date of Injury:	09/08/2014
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/29/2015

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

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 male who reported injury on 09/08/2014. The mechanism of injury was the injured worker was carrying a 90 pound sack of stucco. The documentation of 01/27/2015 revealed the injured worker had complaints of low back, right hip, right knee, right ankle, and right foot pain with radiation into the right leg. Prior therapies included medication, physical therapy, relaxation, and laying down. The physical examination revealed the injured worker had decreased range of motion of the lumbar spine. The injured worker had tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. There was no spinous process tenderness or mass palpable along the lumbar spine. The injured worker had a positive straight leg raise in the seated and supine position. The reflexes were 1+/4 in the bilateral lower extremities and were symptomatic. There was diminished sensation in the right L5-S1 dermatomes. There was no atrophy noted and the motor strength was 5/5 throughout the bilateral lower extremities. The diagnoses included displacement of lumbar intervertebral disc without myelopathy. The treatment plan included a lumbar transforaminal epidural steroid injection and the use of tramadol ER 150 mg 2 tablets daily, naproxen 500 mg by mouth twice a day, and prophylaxis Prilosec to decrease the risk of gastrointestinal irritation as a prophylaxis against peptic ulcer disease. There is no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg: 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 NSAIDS
Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. Injured workers with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. The clinical documentation submitted for review failed to indicate the injured worker was found to be at intermediate or high risk for gastrointestinal events. There was a lack of documentation indicating the injured worker had symptoms to support the use of the medication. Additionally, the request as submitted failed to indicate the frequency and quantity of medication being requested. Given the above, the request for Prilosec 20 mg is not medically necessary.