MAXIMUS Federal Services

Case Number:	CM15-0112042		
Date Assigned:	06/18/2015	Date of Injury:	01/09/2014
Decision Date:	07/17/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/09/2015

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: Emergency Medicine

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 sustained an industrial injury on 1/09/2014. He reported a slip and fall resulting in injury to the left shoulder, left hip, knee and low back with radiation to bilateral lower extremities. Diagnoses include lumbar discogenic pain, radiculopathy, and lumbar disc protrusion. Treatments to date include activity modification, medication management, and physical therapy and epidural steroid injections. Currently, he complained of low back pain with radiation to the left lower extremity. There was left shoulder pain and stiffness. On 4/28/15, the physical examination documented painful lumbar range of motion with tenderness to lumbar muscles. Kemp's test was positive bilaterally. The left shoulder demonstrated decreased range of motion and tenderness. The treating diagnoses included lumbar sprain/strain, lumbar disc protrusion, facet hypertrophy, spine and neural foraminal stenosis, spondylosis, left shoulder internal derangement, rotator cuff tear and bursitis. The appeal request was for Prilosec 20mg tablets, #30, one bottle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Prilosec 20mg #90 is not medically necessary. California's Division of Workers' Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has low back pain with radiation to the left lower extremity. There was left shoulder pain and stiffness. On 4/28/15, the physical examination documented painful lumbar range of motion with tenderness to lumbar muscles. Kemp's test was positive bilaterally. The left shoulder demonstrated decreased range of motion and tenderness. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Prilosec 20mg #90 is not medically necessary.