

Case Number:	CM15-0113647		
Date Assigned:	06/24/2015	Date of Injury:	10/11/2005
Decision Date:	07/23/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/12/2015

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

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:

This 38 year old female sustained an industrial injury on 10/11/05. She subsequently reported low back pain. Diagnoses include lumbar degenerative disc disease. Treatments to date include MRI and nerve conduction, x-ray testing, physical therapy and prescription pain medications. The injured worker continues to experience pain, weakness and numbness in the bilateral legs. Upon examination, there is reduced sensation of the bilateral lower extremities diffusely and in the right L5 dermatome. Plus 2/ 4 reflexes patella bilaterally and plus 1/ 4 reflexes in Achilles were noted. Significant tenderness over the bilateral L4-5 and L5- S1 paraspinals was noted. There is increased pain with flexion and extension. Straight leg raise is positive bilaterally. A request for Prilosec medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 78 of 137.

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

Decision rationale: The requested Prilosec 20mg #60, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, 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 pain, weakness and numbness in the bilateral legs. Upon examination, there is reduced sensation of the bilateral lower extremities diffusely and in the right L5 dermatome. Significant tenderness over the bilateral L4-5 and L5- S1 paraspinals was noted. There is increased pain with flexion and extension. Straight leg raise is positive bilaterally. 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 #60 is not medically necessary.