

Case Number:	CM15-0123562		
Date Assigned:	07/08/2015	Date of Injury:	06/06/2008
Decision Date:	08/11/2015	UR Denial Date:	05/30/2015
Priority:	Standard	Application Received:	06/26/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old male, who sustained an industrial injury on 6/6/2008. The mechanism of injury was not described. The current diagnoses are degenerative lumbar disc disease, displacement of lumbar intervertebral disc, spinal stenosis of the lumbar region, sciatica (unspecified side), ligament sprain of the lumbar spine, and status post lumbar fusion. According to the progress report dated 4/15/2015, the injured worker complains of a tremendous amount of pain and spasms throughout his back associated with intermittent radiation of pain to his left leg. The level of pain is not rated. The physical examination reveals left antalgic gait, difficulty with heel-to-toe walking, severely limited range of motion of the thoracolumbar spine, and positive straight leg raise test on the left. The current medications are Ultram, Vicoprofen, and Prilosec. Treatment to date has included medication management and surgical intervention. Work status was not identified. A request for Prilosec has been submitted.

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 NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors be used with precautions. The clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors. Factors determining if a patient is at risk for gastrointestinal events include: age greater than 65 years, history of peptic ulcer, GI (gastrointestinal) bleeding, or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulant or high dose/multiple NSAID use. In this case, there is no documentation that the injured worker is at increased risk for gastrointestinal events to support the use of proton-pump inhibitors. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Prilosec is not medically necessary.