

Case Number:	CM15-0147765		
Date Assigned:	08/10/2015	Date of Injury:	07/09/2014
Decision Date:	12/03/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/29/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 07-09-2014. A review of the medical records indicates that the worker is undergoing treatment for strain of the cervical and thoracic spine and lumbar radiculopathy. Subjective complaints (04-15-2015 and 06-22-2015) included lumbar, bilateral sacroiliac, upper thoracic and bilateral cervical pain that was rated as 5-9 out of 10. Objective findings (04-15-2015 and 06-22-2015) included palpable tenderness of the bilateral lumbar, pelvic, sacroiliac, buttock, posterior leg, posterior knee, calf, ankle and foot and decreased range of motion of the lumbar spine. Treatment has included pain medication and physical therapy which were noted to help relieve symptoms. Other treatments included acupuncture and chiropractic therapy. The physician indicated that he was prescribing topical Flurbiprofen-Baclofen-Dexamethasone-Menthol-Camphor-Capsaicin and Hyaluronic acid for pain and Prilosec to protect the stomach lining. There was no documentation of gastrointestinal complaints or the use of oral non-steroidal anti-inflammatory medications. A utilization review dated 06-29-2015 non-certified a request for Prilosec 20 mg Qty 30, 30 day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg Qty 30, 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The CA MTUS does not address proton pump inhibitors such as Prilosec. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. In this particular case there is insufficient evidence in the records from 6/22/15 that the patient has gastrointestinal symptoms or was at risk for gastrointestinal events. Therefore the request for Prilosec is not medically necessary.