MAXIMUS Federal Services

Case Number:	CM15-0063818		
Date Assigned:	04/09/2015	Date of Injury:	07/02/2010
Decision Date:	05/15/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/03/2015

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: Florida
Certification(s)/Specialty: Neurology, Pain Management

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 47 year old male, who sustained an industrial injury on July 2, 2010. He reported low back pain radiating to the left lower extremity. The injured worker was diagnosed as having lumbar disc protrusion with back and radicular pain and lumbar disc displacement without myelopathy. Treatment to date has included diagnostic studies, physical therapy, chiropractic care, lumbar epidural steroid injection, medications and work restrictions. Currently, the injured worker complains of low back pain with radiation to the lateral part of the left lower extremity. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. He reported significant benefit with the steroid injection. It was noted he had a history of peptic ulcer disease. Evaluation on December 5, 2014, revealed continued pain in the low back. He reported still being able to work with the use of medications for pain control. Medications were renewed and a medication to protect the stomach was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 with 3 refills: Overturned

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 Page(s): 68.

Decision rationale: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. The medical records provided for review do document a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. As such, the medical records do support a medical necessity for prilosec in the insured congruent with MTUS. The request is medically necessary.