

Case Number:	CM15-0079003		
Date Assigned:	04/30/2015	Date of Injury:	06/27/1984
Decision Date:	06/01/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/24/2015

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: Family Practice

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 an 83-year-old male, who sustained an industrial/work injury on 6/27/84. He reported initial complaints of back pain. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, lumbago, and lumbar sprain/strain. Treatment to date has included medication, injections, and physical therapy. MRI results were reported on 4/7/15. Currently, the injured worker complains of low back pain that radiates to the left buttock. Per the primary physician's progress report (PR-2) on 3/23/15, examination revealed tenderness to palpation from L3-4 on the left, range of motion is diminished, normal strength in the right lower extremity, but substantially reduced in the left lower extremity. Current plan of care included Prilosec and Colcrys.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors.

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

Decision rationale: The CA MTUS guidelines recommend using a proton pump inhibitor with a prescribed non-steroidal anti-inflammatory medication for patients at risk for gastrointestinal events. A review of submitted reports indicates that the patient's medication regimen had previously consisted of Naproxen and Prilosec. The anti-inflammatory medication has been changed to Celebrex, which has a low gastro-intestinal risk factor. Per the MTUS guidelines, the long-term use of proton pump inhibitors leads to an increased risk of hip fractures. Given the recent change to Celebrex, the request for Prilosec is not supported. The request for Prilosec 20mg #30 is not medically necessary and appropriate.

Colcrys 0.6mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation anti-inflammatory drugs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

Decision rationale: According to ODG's low back chapter, Colchicine is not recommended due to the lack of sufficient literature evidence. While it is acknowledged that the patient has reported improvement from Colchicine, it remains relevant that this medication is currently not recommended per evidence-based guidelines in the treatment of low back pain. The request for Colcrys 0.6mg #60 is not medically necessary and appropriate.