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| Case Number: | CM15-0079449 | | |
| Date Assigned: | 04/30/2015 | Date of Injury: | 07/27/2007 |
| Decision Date: | 05/29/2015 | UR Denial Date: | 04/13/2015 |
| 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: Arizona, 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 a 49-year-old female who sustained an industrial injury on 07/27/2007. The injured worker was diagnosed with lumbar degenerative disc disease, sprain lumbar region and lumbar disc displacement without myelopathy. The injured worker is status post lumbar fusion L4-5 (no date documented). Treatment to date was not documented. According to the primary treating physician's progress report on September 17, 2014, the injured worker continues to experience pain directly over the sacrum. Examination demonstrated decreased range of motion of the lumbar spine with tenderness to palpation at the sacrum. Neurological, motor and sensory examination was within normal limits. X-ray noted solid fusion. Current medications are noted as Baclofen, Doxepin, Neurontin, Norco and Prilosec. Treatment plan consists of coccydinia cushion type seat; continue with pain management and the current request for Prilosec.

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 NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PPI Page(s): 68.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Specific diagnostics or testing such as EGD did not indicate necessity of a PPI. Therefore, the continued use of Prilosec is not medically necessary.