

Case Number:	CM15-0091025		
Date Assigned:	05/15/2015	Date of Injury:	08/27/2010
Decision Date:	06/18/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/11/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 30-year-old male, who sustained an industrial injury on August 27, 2010. The injured worker was diagnosed as having cervical, thoracic and lumbosacral sprain. Treatment to date has included H-wave device and oral medications. A progress note dated March 23, 2015 the injured worker complains of low back pain. He reports running out of his medications for 2 ½ months and reports continuing to have episodes of vomiting. Physical exam notes paralumbar tenderness, light spasm and decreased range of motion (ROM). The plan includes Ultracet, Baclofen, Prilosec and H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

Decision rationale: Guidelines recommend PPI medications for patients at intermediate or high risk for cardiovascular disease. In this case, the patient is not on NSAIDs and is not at intermediate or high risk for gi events. The request for prilosec 20 mg #30 with 3 refills is not medically necessary.

Baclofen 10 mg #120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

Decision rationale: Guidelines recommend baclofen for treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. In this case, there is no evidence that the patient has been diagnosed with any of these conditions and the patient has been taking baclofen since 10/2011 without evidence of significant functional improvement. The request for baclofen 10 mg #120 with 3 refills is not medically necessary.