

Case Number:	CM14-0103631		
Date Assigned:	07/30/2014	Date of Injury:	03/10/2005
Decision Date:	11/16/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/06/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54 year old male, who sustained an industrial injury on 3-10-05. The injured worker has complaints of pain in low back and bilateral knees. There is tenderness along paraspinal muscles bilaterally. There is positive straight leg raise bilaterally at 60 degrees. Lumbar flexion is 30 degrees, extension is 20 degrees and lateral tilting is 10 degrees bilaterally. The injured worker reports 30 percent relief from medication. The diagnoses have included displacement of cervical intervertebral disc without myelopathy and internal derangement of knees. Treatment to date has included bilateral knee unloading brace. The documentation noted current medications as insulin; metformin; hypertension medication; aspirin; Norco; Gabapentin and omeprazole. The original utilization review (6-10-14) non-certified the request for Prilosec unknown prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec Unknown Prescription: 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 claimant has a remote history of a work injury occurring in March 2005 and continues to be treated for low back and bilateral knee pain. In April 2014 his past medical history was hypertension and diabetes. Review of systems was negative for gastrointestinal problems. Motrin and Protonix were prescribed. When seen, medications were providing 30% pain relief. He was having memory changes without other reported side effects physical examination findings included lumbar spine tenderness with positive straight leg raising and restricted hamstrings. He had decreased lumbar range of motion. Medications were refilled. Prilosec was prescribed. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant did not have any identified risk factors for a gastrointestinal event. The claimant was under age 65 and had no history of a peptic ulcer, bleeding, or perforation. There was no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as omeprazole is not considered medically necessary.