

Case Number:	CM13-0023164		
Date Assigned:	11/15/2013	Date of Injury:	04/20/2006
Decision Date:	01/28/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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/services.

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 patient is a 56-year-old female who reported an injury on 04/20/2006 due to cumulative trauma while performing normal job duties. The patient reportedly sustained injury to her cervical spine and bilateral hands and wrists. The patient underwent an MRI that revealed a C4-5 and C5-6 disc bulge without central canal stenosis. The patient's chronic symptoms have been managed with medications and psychiatric support. The patient's most recent examination revealed the patient had continued neck and should pain rated at 7/10. Physical findings included normal range of motion of the cervical spine, bilateral upper extremities limited to 150 degrees in abduction, and strength in the bilateral upper extremities was noted to be 4/5. The patient's medication schedule was reported to be Celebrex 200 mg, Prilosec 20 mg to treat stomach upset from taking medications, and Ultracet 37.5/325 mg. The patient's diagnoses included carpal tunnel syndrome and lateral epicondylitis bilaterally. The patient's treatment plan included avoidance of repetitive neck movement, continuation of medications, and the use of hot and cold modalities for pain as needed

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 60 and 68.

Decision rationale: The requested Prilosec 20 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been taking this medication for an extended period of time to prevent gastric upset due to medication usage. California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients taking high doses of non-steroidal anti-inflammatory drugs. However, California Medical Treatment Utilization Schedule also recommends medication used in the management of a patient's chronic pain be supported by symptom response and functional benefit. The clinical documentation submitted for review does not provide any evidence that the patient has any symptom response or functional benefit as result of this medication. As such, the requested Prilosec 20 mg #60 is not medically necessary or appropriate.