

Case Number:	CM13-0048661		
Date Assigned:	12/27/2013	Date of Injury:	10/01/2011
Decision Date:	03/11/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/06/2013

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 Family Practice, 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59-year-old who reported an injury on 10/01/2011 due to cumulative trauma while performing normal job duties reportedly caused bilateral shoulder injuries, bilateral wrist and elbow injuries. Patient's treatment history has included acupuncture, chiropractic care, occupational therapy, medications and injections. The patient's medication schedule included Prilosec 20 mg secondary to gastritis related to nonsteroidal anti-inflammatory intake, and naproxen 550 mg. The patient's most recent clinical examination revealed that the patient had left shoulder pain aggravated with overhead injury. Physical findings included limited range of motion of a left shoulder secondary to pain with a positive impingement sign and a well healed incision from previous surgery. The patient's diagnoses included status post left shoulder arthroscopic surgery, status post right shoulder arthroscopic surgery, tendonitis of the right hand, sprain/strain of the left wrist, sprain/strain of the left elbow, tendonitis of the left hand. The patient's treatment plan included a home exercise program and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) Symptoms & Cardiovascular.

Decision rationale: California Medical Treatment Utilization Schedule does recommend the use of gastrointestinal protectants for patients at risk of developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does indicate that the patient has gastritis related to medication intake. However, an adequate assessment of the patient's gastrointestinal system was not provided to include objective evidence to support the need for this medication. Therefore, continued use would not be indicated. The request for Prilosec 20 mg, 120 count, is not medically necessary or appropriate.