

Case Number:	CM13-0052657		
Date Assigned:	12/30/2013	Date of Injury:	11/01/2008
Decision Date:	06/26/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 66 year old female with an injury date of 11/01/08. Based on the 07/22/13 progress report provided by [REDACTED] the patient complains of pain in the neck which radiates to both shoulders. She also has pain in both shoulders which radiates to both arms. The patient also has low back pain which radiates to the abdominal region causing nausea and to the back of head causing blurred vision. She is diagnosed with the following: 1.Status post right shoulder arthroscopic surgery on June 8, 2013 2.Herniated cervical and lumbar disc with radiculitis 3.Tendinitis, carpal tunnel syndrome of both right and left hand/wrist 4.Right ankle strain 5.Symptoms of anxiety and depression 6.Left shoulder tendonitis, impingement 7.History of diabetes mellitus 8.History of elevated blood pressure 9.Mid back strain [REDACTED] is requesting for Prilosec 20 mg #60. The utilization review determination being challenged is dated 10/11/13. [REDACTED] is the requesting provider, and he provided treatment reports from 07/26/13- 01/17/14.

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 MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk (MTUS Page(s): 69.

Decision rationale: According to the 07/22/13 report by the treating provider, the employee presents with pain in the neck, both shoulders, and low back. The request is for Prilosec 20 mg #60. "The patient [employee] states that the medications have been of benefit." The employee has been taking Omeprazole since 07/22/13. MTUS supports the usage of Proton Pump Inhibitors (PPIs) for gastric side effects due to NSAID use. The ODG also indicates that PPIs are recommended for patients at risk for gastrointestinal events. The treating provider has not documented any gastrointestinal symptoms for this employee. Routine use of PPI for prophylaxis is not supported without GI assessment. Recommendation is for denial.