

Case Number:	CM13-0058110		
Date Assigned:	12/30/2013	Date of Injury:	02/18/2006
Decision Date:	04/03/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/26/2013

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 and Rehabilitation, 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 30-year-old male who reported a right shoulder injury on 2/18/06 after he unloaded equipment. The patient was initially treated with nonsteroidal anti-inflammatory drugs that caused gastrointestinal issues to include melena and GI bleeding. The use of nonsteroidal anti-inflammatory drugs was discontinued. The patient's most recent clinical evaluation documented that he continued to have gastrointestinal upsets secondary to nonsteroidal anti-inflammatory medication usage. Physical findings included a positive impingement sign with restricted range of motion of the right shoulder. The patient's diagnoses included status post right shoulder operative arthroscopy, history of complaints of gastric irritation with anti-inflammatory medications, left shoulder impingement, and sleep apnea. Patient's treatment plan included referral to a gastroenterologist, continued medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The California MTUS recommends the use of gastrointestinal protectants for patients who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does provide evidence that the patient has a long history of gastrointestinal upset related to medication usage. Therefore, a gastrointestinal protectant would be supported. However, the request as it is written does not provide an intended duration of treatment and would be considered a vague request. Therefore, the appropriateness and safety of the medication usage cannot be established. As such, the requested prescription of Prilosec 20mg is not medically necessary or appropriate.