

Case Number:	CM13-0060077		
Date Assigned:	12/30/2013	Date of Injury:	04/29/2013
Decision Date:	05/12/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/02/2013

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 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 32 year old male who was injured on 04/29/2013. He sustained injuries to his upper back and right shoulder. He was at his work, screw-driving on top of a ladder when he slipped and struck his right chest, falling on his back. Prior treatment history has included physical therapy and medications. Diagnostic studies reviewed include MRI of the lumbar spine without contrast dated 11/07/2013 and x-rays. PR2 dated 11/07/2013 indicates the patient complains of constant pain that is moderately severe and cervical pain that occasionally radiates to the right hand. He has constant, moderately severe low back pain that constantly radiates to right buttocks. He has complaints of moderately severe right shoulder pain that constantly radiates to mid-back area. The patient did not report bowel or bladder problems. The patient is positive for frequent heartburn; no nausea, vomiting, diarrhea, incontinence, rectal bleeding or ulcers. The patient is diagnosed with 1) Cervico brachial syndrome/ lumbosacral neuritis/subluxation; 2) Lumbosacral sprain subluxation/shoulder dislocation of the humerus; 3) Cervical sprain/strain/lumbosacral sprain/strain. The recommendation for this patient is physiotherapy, work conditioning twice a week for 4 weeks for the cervical, lower back and right shoulder to decrease the use of medication and increase activities of daily living. On review of systems, patient is noted to have frequent heartburn. The recommendation included Naproxen 550 mg was dispensed as a nonsteroidal anti-inflammatory medication as well as Prilosec 20 mg as the patient is at intermediate risk for gastrointestinal events

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20 MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The employee is noted in two progress notes to have frequent episodes of heartburn. First line treatment for heartburn is a proton pump inhibitor (PPI), such as prilosec, for one month. According to the Chronic Pain Medical Treatment guidelines, a PPI such as omeprazole would be indicated for patients at intermediate risk, which is confirmed in the treating physician's notes. Furthermore, given the employee's symptoms of frequent heartburn and the fact that the employee will be starting an NSAID, the request for prilosec 20mg is certified.