

Case Number:	CM13-0064786		
Date Assigned:	01/03/2014	Date of Injury:	03/25/2013
Decision Date:	05/30/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 expert 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 62-year-old male who has filed a claim for cervical sprain/strain associated with an industrial injury date of March 25, 2013. The utilization review from November 18, 2013 denied the request for Prilosec due to no evidence of increased risk for gastrointestinal events. The treatment to date has included physical therapy and oral pain medications. Medical records from 2013 were reviewed showing the patient complaining of chronic neck pain. The pain is rated at 8/10 and is aggravated by lying down and physical activities. There was noted negative bowel dysfunction. The examination revealed tenderness of the cervical spine over the musculature. There were muscle spasms present over the bilateral cervical spine musculature and left thoracic musculature. There was decreased sensation over the left fingers. Motor strength exam showed give away strength in the left shoulder and elbow area.

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 ODG, NSAIDS, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patient's who are at high risk for gastrointestinal events. In this case, the patient was first prescribed Prilosec in November 2013. However, previous progress notes did not indicate the patient as having a high risk for gastrointestinal events. The patient did not complain of gastrointestinal upset either. Therefore, the request for Prilosec is not medically necessary.