

Case Number:	CM13-0070527		
Date Assigned:	01/03/2014	Date of Injury:	04/20/2012
Decision Date:	06/02/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/24/2013

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 Occupational 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 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:

Injured worker is a female with date of injury april 20, 2012. Per primary treating physician's progress report, the injured workere complains of pain in the head, neck, both shoulders, both elbows, bothwrists, and both hands with radiation to both arms. The pain is associated with numbness and weakness in the arms and hands. The pain is constant in frequency and severe in intensity, rated 6/10, 5/10 at its best and 9/10 at its worst. Average pain in the last seven days is 6/10. She describes the pain as sharp, aggravated by reaching, coughing or straining, pushing shopping cart and leaning forward, and prolonged sitting. The pain decreases with medications, doing exercises, lying down and relaxing. She states her symptoms have been worsening since the injury. The pain in her neck is 50% of her pain, and the pain in her arm is 50% of her pain. She avoids going to work, socializing with friends, physically exercising, performing household chores, participating in recreation, driving, doing yard-work or shopping, and caring for herself because of her pain. She reports no bowel or bladder problems. On exam there is tenderness to palpation over the left cervical paraspinal muscles, superior trapezius, levator scapulae and rhomboids. The left shoulder exam is normal except tenderness to palpation over the anterior aspect of the shoulder. Motor strength testing is normal except 4/5 on left shoulder flexion and abduction, left elbow flexion and extension, and left grip strength. Diagnoses include 1) cervicgia 2) disorders of bursae and tendons in shoulder region, unspecified 3) unspecified secondary hypertension 4) persistent disorder of initiating or maintaining sleep 5) abnormal weight gain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20 MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI Symptoms And Cardiovascular Risk, Page(s): 68-69.

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

Decision rationale: The prescribing provider reports that Prilosec is necessary for GI prophylaxis since the injured worker is at intermediate risk for gastrointestinal events. The guidelines recommend omeprazole (Prilosec) for patients at risk of gastrointestinal events. Risk factors include age over 65, history of peptic ulcer, GI bleeding or perforation, gastrointestinal esophageal reflux disorder, concurrent use of aspirin, corticosteroids and/or and anticoagulant or high doses or multiple NSAID use. The injured worker is noted to be 40 years old, and the requesting provider does not indicate that she suffers from any of the risk factors listed above. In addition, there is no evidence provided that the injured worker suffers from dyspepsia as a result of the present medication regimen. The request for Prilosec 20mg, sixty count, is not medically necessary or appropriate.