

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0103858 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 04/19/2012 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 06/09/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

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 Physical Medicine & Rehabilitation, and is licensed to practice in Maryland. 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 42 year old male with a work injury dated 4/3/14. The diagnoses include 08/30/2013 right elbow open lateral release medial percutaneous tenotomy. Under consideration is a request for Prilosec 20mg, no quantity indicated. There is a worker's compensation reevaluation report dated 4/24/14 that states that the patient complains of cervical and lumbar pain and right shoulder popping; right elbow still experiencing pain. His pain comes and goes, but he feels that it's better than before surgery he is having numbness and tingling at night only. He feels his right arm is a bit shorter since surgery as he is not able to straighten out his arm. His medications include Prilosec and Ketoprofen. On exam there is decreased neck range of motion. There was right elbow range of motion that was -5-140 degrees full supination and pronation, but done with some pain and some guarding. No obvious swelling lateral elbow and minimal medial elbow 2+ tenderness (diffuse to palpation lateral elbow), and non-tender medial elbow. Elbow Flexion Test performed with slight pain 4/5 weakness elbow extension, otherwise intact 5/5 on left elbow; wrist extension test: slight pain. The right shoulder was tender on palpation. The lumbar spine had decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, No Quantity Indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton-Pump Inhibitors.

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

Decision rationale: Prilosec 20mg, no quantity indicated is not medically necessary. There is no history that patient meets MTUS criteria for a proton pump inhibitor including : (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA) or dyspepsia from NSAID use. The California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. The request for Prilosec 20mg, no quantity indicated is not medically necessary.