

Case Number:	CM14-0108488		
Date Assigned:	08/01/2014	Date of Injury:	03/24/2004
Decision Date:	09/09/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/09/2014

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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 63-year-old female who reported an injury on 03/24/2004. The mechanism of injury was not provided. On 06/11/2014, the injured worker presented with neck pain and cervicogenic headaches. Current medications included Norco, Topamax, Ativan, Fioricet, FexMid, Prilosec, Neurontin, Depakote, Anaprox, Prozac, and Ultram. Upon examination of the posterior cervical musculature revealed tenderness to palpation bilaterally with increase muscle rigidity. There was numerous trigger points palpable and tender throughout the cervical paraspinal muscles, upper trapezius, medial scapular regions and suboccipital regions bilaterally. There was decreased range of motion, 5/5 motor strength. There was a positive Tinel's at the level of the elbow, decreased sensory along the 3rd, 4th, and 5th digit bilaterally. Examination of the lumbar spine revealed tenderness to palpation along the posterior lumbar musculature with increased muscle rigidity. There are numerous trigger points noted and palpable throughout the lumbar paraspinal muscles. There was decreased range of motion with a normal sensory examination. The diagnoses were cervical spine sprain/strain, cervical facet hypertrophy, left elbow internal derangement, bilateral carpal tunnel syndrome, lumbar spine sprain/strain syndrome and right knee internal derangement, status post arthroscopic surgery. The provider recommended Prilosec, the provider's rationale was not provided. The Request for Authorization form was dated 06/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, Prilosec may be recommended for injured workers with dyspepsia secondary to non-steroidal anti-inflammatory drugs (NSAID) therapy or for those taking NSAID medications for moderate to high risk for gastrointestinal events. The injured worker does not have a diagnosis congruent with the guideline recommendation of Prilosec. Additionally, there is no evidence that the injured worker is at moderate to high risk for gastrointestinal events. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary and appropriate.