

Case Number:	CM14-0014928		
Date Assigned:	02/28/2014	Date of Injury:	02/10/2013
Decision Date:	06/27/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/06/2014

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 Family Practice 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:

This injured worker's date of injury is 02/10/2013. The treating physician's diagnosis is right shoulder impingement syndrome. The original work injury occurred when a closing door struck his right shoulder. At the time of the original medical evaluation, an x-ray examination showed no bony fractures. On physical exam there was evidence of an impingement syndrome. In the treating physician's note dated 01/16/2014, the patient complained of moderate right shoulder pain. Legibility of the hand written note is fair. The only entry on physical exam is "Abd 170" (abduction 170 degrees). The patient is taking Anaprox, an NSAID. The treating physician is requesting Prilosec, a PPI.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Prilosec is a proton pump inhibitor, a PPI. This medication may be medically indicated in

patients taking an NSAID, who are known to have a risk of harms from taking an NSAID, such as peptic ulcer disease or gastrointestinal bleeding. Based on the documentation presented in this case, there is no such risk. Therefore, the request for Prilosec 20 mg # 60 is not medically necessary and appropriate.