

<b>Case Number:</b>	CM14-0131145		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	11/25/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 42 year old male injured on 10/26/09 due to fall from scaffolding landing on back resulting in partial thickness rotator cuff tear requiring left shoulder arthroscopy in 2012. Diagnoses included cervical spine/thoracic spine/lumbar spine degenerative disease, obesity, psychiatric comorbidity, chronic pain syndrome, and status post left shoulder arthroscopy with subacromial decompression. Clinical note dated 07/17/14 indicated the injured worker presented complaining of left shoulder and neck pain radiating into the left arm. The injured worker also complained of mid back, low back, and knee pain radiating to bilateral lower extremities with associated tingling in the left arm, weakness in the left hand, and numbness in the left hand and legs. The injured worker rated pain 5-8/10. Prior treatments included acupuncture without relief, TENS unit with moderate relief, and chiropractic treatment. The injured worker currently not working and receiving disability benefits. Physical examination revealed tenderness to palpation over bilateral cervical paraspinal muscles with full range of motion, decreased lumbar spine range of motion, tenderness to palpation over bilateral lumbar paraspinal muscles, positive lumbar facet loading maneuver bilaterally, negative straight leg raise bilaterally, normal bulk and tone in all major muscle groups in upper extremities and lower extremities, sensation grossly intact throughout lower extremities, tenderness to palpation over the posterior aspect of the left shoulder, positive Hawkins test, and positive cross arm adduction test, negative drop arm test, and negative Yergason test. Medications included Percocet, omeprazole, benazepril, Endocet, and Butrans. Initial request for Prilosec 20mg #60 and one time multidisciplinary evaluation was non-certified on 07/23/14.

### 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 NSAIDs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

**Decision rationale:** As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Prilosec 20mg #60 cannot be established as medically necessary.

**One (1) time multidisciplinary evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30.

**Decision rationale:** As noted on page 30 of the Chronic Pain Medical Treatment Guidelines, to be eligible for participation in a Chronic pain program, patients should be motivated to improve and return to work; an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful; injured worker has a significant loss of ability to function independently; injured worker is not a candidate for surgery, the injured worker exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; and negative predictors of success above have been addressed. The documentation fails to establish that the injured worker meets these criteria; therefore, the request for One (1) time multidisciplinary evaluation cannot be recommended as medically necessary.