

Case Number:	CM14-0154208		
Date Assigned:	09/23/2014	Date of Injury:	10/02/2013
Decision Date:	10/24/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/22/2014

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 Internal 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 patient is a 34 year old male who was injured on 10/02/2013 when a box of celery fell on the right side of his neck and shoulder. Prior treatment history has included physical therapy. According to the UR, progress report dated 07/29/2014 states the patient presented with complaints of severe shoulder pain with decreased range of motion in spite of his physical therapy. On exam, he was noted to have no tenderness or spasm. He had full range of motion the cervical spine with flexion, extension, lateral flexion and rotation. Range of motion of the shoulder revealed abduction 45 degrees; flexion 30 degrees; and external rotation 70 degrees. He had positive impingement sign. He was diagnosed with right shoulder contusion with rotator cuff injury and possible glenoid labral injury. He was recommended Prilosec 20 mg. There are no other reports available for review. Prior utilization review dated 08/26/2014 states the request for Prilosec 20mg #60 is denied as medical necessity has not been established.

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 Non-steroidal anti-inflammatory drugs (NSAID), Gastrointestinal (G).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68-69.

Decision rationale: The guidelines recommend PPI therapy for patients at risk for GI events on NSAID therapy or for patients with GERD, PUD, or several other GI disorders. Patients on NSAIDs who are at risk for GI events include those with age greater than 65, history of peptic ulcer, concurrent use of other anticoagulants/corticosteroids, or high dose NSAID therapy. From the clinical documents it is not evident that the patient had an underlying GI disorder or was at risk for GI events. The clinical notes did not adequately discuss the indication for PPI therapy. There was a lack of subjective/objective findings to warrant PPI use. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.