

Case Number:	CM14-0156591		
Date Assigned:	09/26/2014	Date of Injury:	10/01/2012
Decision Date:	10/27/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/24/2014

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 Occupational 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:

Injured worker is a female with date of injury 10/1/2012. Per primary treating physician's progress report dated 8/13/2014, the injured worker complains of right shoulder pain. She reports she is considering surgical treatment as perhaps her best option in order to seek improvement in her symptomatology. She reports having pain all the time and does not know if taking the risk of undergoing surgical treatment will alleviate her discomfort. On examination the right shoulder passively reaches approximately 95 degrees with fairly significant discomfort while abduction is approximately 60 degrees passively. Even at rest she appears to be somehow uncomfortable. She maintains her arm at the side and only uses the contralateral extremity. She is able to move her elbow however hand and fingers. Diagnosis is adhesive capsulitis of shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Prilosec 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Proton pump inhibitors, such as Prilosec are recommended when using NSAIDs if there is a risk for gastrointestinal events. The clinical reports provided for review indicate that the injured worker has been diagnosed with gastritis and is prescribed tramadol 50 mg twice a day for inflammation. Medical necessity for this request has been established within the recommendations of the MTUS Guidelines. The request for 1 prescription of Prilosec 20mg #60 is determined to be medically necessary.