

Case Number:	CM14-0169556		
Date Assigned:	10/17/2014	Date of Injury:	10/31/2011
Decision Date:	11/19/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/14/2014

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, has a subspecialty in Interventional Spine 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 58-year-old female with an injury date of 10/31/11. Based on the 09/08/14 progress report provided by [REDACTED], the patient complains of right shoulder pain. She is status post arthroscopic subacromial decompression, resection of the long head of the biceps tendon, coracoplasty, and rotator cuff repair, August 2013. Per progress report 04/28/14, patient takes Voltaren and Prilosec on a regular basis, which relieves the effects of her industrial injury and allows her to function at her current level. Per progress report 08/11/14, patient is released to full duty. It is also stated that Voltaren is starting to bother her stomach; however she can still take Tylenol with Prilosec. She went to her family doctor on 08/15/14 due to her stomach. Progress report 09/08/14 states that she is still taking Prilosec for her NSAID induced dyspepsia. Per AME report dated 07/16/14, the pain is rated 4-7/10. She continues to have gastrointestinal distress and takes Naproxen and Omeprazole. Physical examination to the shoulders on 07/16/14 revealed range of motion to be full, and negative for impingement. [REDACTED] is requesting Prilosec 20mg #30 3 refills. The utilization review determination being challenged is dated 10/07/14. The rationale is "no mention of patient having problems with gastrointestinal distress related to medication..." [REDACTED] is the requesting provider and the provided treatment records from 01/23/14 - 09/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 3 Refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

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

Decision rationale: The patient presents with right shoulder pain rated 4-7/10. The request is for Prilosec 20mg #30 3 refills. She is status post arthroscopic subacromial decompression, resection of the long head of the biceps tendon, coracoplasty, and rotator cuff repair, August 2013. Per progress report 04/28/14, patient took Voltaren and Prilosec on a regular basis. Progress report 09/08/14 states that she is still taking Prilosec for her NSAID induced dyspepsia. Patient was permanent and stationary on 07/16/14, and was released to full duty on 08/11/14 per progress reports. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per AME report dated 07/16/14, patient continues to have gastrointestinal distress and takes Naproxen and Omeprazole. The treating physician has documented dyspepsia secondary to NSAID therapy. Continued use of PPI appears indicated given its benefit. This request is medically necessary.