

Case Number:	CM14-0169743		
Date Assigned:	10/20/2014	Date of Injury:	05/20/2014
Decision Date:	11/20/2014	UR Denial Date:	10/14/2014
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 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:

58 yr. old male claimant sustained a work injury on 5/20/14 involving the left shoulder and chest. He was diagnosed with a chest contusion. An MRI of the left shoulder on 7/14/14 indicated supraspinatus tendinopathy, possible subluxation of the biceps and a possible labral tear. A progress note on 9/23/14 indicated the claimant had left shoulder pain with numbness to the fingers. There was limited abduction and tenderness in the left elbow. He was referred to an orthopedic surgeon and given Motrin 800 mg and Prilosec 20 mg. He had been on Motrin for pain for several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Motrin 800mg (Dos: 9/23/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the MTUS guidelines, NSAIDs such as Motrin are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain,

and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In this case, the claimant needed Prilosec for GI protection. There was no indication of Tylenol use and its failure to improve symptoms. Long-term use is not recommended. The Motrin prescribed for the dates above is not medically necessary.

Retrospective Prilosec 20mg, #60 (Dos: 9/23/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI and Cardiovascular Risk Factors Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.