

Case Number:	CM14-0021954		
Date Assigned:	05/07/2014	Date of Injury:	05/19/2012
Decision Date:	07/09/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/21/2014

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 Medicine and is licensed to practice in New Jersey. 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 worker is a 47 year old woman who was injured on 3/17/08. She later was diagnosed with a right shoulder rotator cuff syndrome, right carpal tunnel syndrome, cervical herniated disc, left wrist derangement, insomnia, anxiety, and depression. She later was injured again on 5/19/12 and later diagnosed with lumbar sprain/strain, right hip bursitis, and right knee and ankle sprain which brought on continual pain in her right hip, right ankle, and lumbar areas. She was treated with physical therapy, epidural injections, joint injections, right shoulder surgery, right carpal tunnel release, oral medications including Tylenol with codeine, and acupuncture. On 1/7/14 the worker was seen by her treating physician complaining of continual right knee pain and weakness and lumbar, hip, and right ankle has flare-ups but not at the time. Her pain was rated at a 5/10 with medications and 9/10 without and had increased activities of living, such as walking, standing, and bathing. She was doing her exercises at the time and taking Prilosec once per day which decreased her gastritis. Tylenol#3 and Prilosec was continued as previously prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC (OMEPRAZOLE) 20MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines state that to warrant using proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, she had been using Tylenol with codeine for her pain and Prilosec for her gastritis. Her treating physician noted in the documents provided that she was taking the Prilosec for stomach protection related to her medication use. Only NSAID use would potentially warrant consideration of using PPIs, and not acetaminophen or codeine. There is no evidence seen in the documents provided that the worker was taking NSAIDs at the time of the prescription recommendation. Inappropriate long term use of PPIs is not recommended due to higher risk of side effects. Therefore, Prilosec 20 mg #30 is not medically necessary.