

Case Number:	CM14-0024017		
Date Assigned:	05/12/2014	Date of Injury:	12/29/2008
Decision Date:	07/29/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/24/2014

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:

This 50-year-old patient had a date of injury on 12/29/2008. The mechanism of injury was pulling vaults and hit her right arm, shoulder, and back. On a physical exam dated 1/27/2014, the patient complained of neck pain, right upper extremity pain and right shoulder pain. Pain has increased since the last visit, and she states the medications are working well with no side effects. Objectively the patient appears to be in mild pain, and does not show any signs of intoxication or withdrawal. Diagnostic impression shows cervical radiculopathy, cervical facet syndrome, shoulder pain, and spasm of muscle. Treatment to date: medication management, activity modification, surgery. A UR decision on 2/7/2014 denied the request for Prilosec 20mg #60 refill 1, stating that MTUS states that proton pump inhibitors are generally indicated when a patient has been determined to be at risk for gastrointestinal events with NSAIDs. The patient is not noted to be taken any oral NSAIDs at time of request. There is also insufficient clinical documentation to indicate the patient has a need for proton pump inhibitor at this time as there is a lack of risk factors indicating the patient is at risk for gastrointestinal events.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20 MG #60 I TWICE DAILY X2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In a progress report dated 1/27/2014, there remains no report of gastrointestinal complaints or chronic NSAID use. Therefore, the request for Prilosec 20mg #60 x2 is not medically necessary.