

Case Number:	CM14-0027755		
Date Assigned:	06/13/2014	Date of Injury:	10/07/2003
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/04/2014

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 Internal Medicine and is licensed to practice in Maryland. 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:

Employee was a 45-year-old female who was being followed for cervical pain, lumbar pain and shoulder pain. Date of injury was October, 7th, 2003. The mechanism of injury was not given. In October 2013 she was seen at the treating provider's office. She complained of pain especially in the right shoulder with movement overhead. The patient also complained of lumbosacral pain radiating to both hips. It was noted that the medications and compound creams were helpful. On examination she was noted to have lumbosacral spinal tenderness and paraspinal tenderness. She was noted to have decreased range of motion with pain and pain during straight leg raising test on the left side at 20. She was also noted to have cervical spine tenderness in the paraspinal region and was noted to have decreased range of motion secondary to pain. She was noted to have acromio-clavicular joint tenderness in the right shoulder with a positive Neer's test, positive Hawkin's test and positive O'Brien's test. She was advised to continue with the medications. In December 2013, she was again seen by the treating provider. Subjective symptoms included cervical spine pain, right shoulder pain, especially with movements overhead. She also had lumbosacral pain with bilateral leg pain. Medications and compound creams are found to be helpful. Upon examination, she had lumbosacral spinal and paraspinal tenderness, decreased range of motion, pain with straight leg raising test at 20 degrees, cervical spine and paraspinal tenderness with decreased range of motion. She was also noted to have right shoulder acromio-clavicular joint tenderness, positive Neer's test, positive Hawkin's test and positive O'Brien's test. Diagnoses included cervical disc degeneration, lumbar disc disorder and lumbar disc bulge. Plan was to continue with medications, compound creams and was recommended to have right shoulder autologous stem cells injections. Medications were Anaprox, Colace, Quazepam, cyclobenzaprine, Hydrocodone/APAP, Paxil, Prilosec, Ultram ER and topical Cyclobenzaprine and topical Tramadol according to the utilization review notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC OMEPRAZOLE DR 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms And Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: Employee was being treated for cervical, lumbar disc disease and also for shoulder pain. The request is for Prilosec which is a proton pump inhibitor. According to the chronic pain guidelines, proton pump inhibitors are indicated in the treatment of NSAID-induced dyspepsia. In addition proton pump inhibitors can be used as a prophylaxis for patients with underlying cardiovascular disease and with high risk factors for gastrointestinal events including age over 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or oral anticoagulant and high-dose multiple NSAID use. In addition there was no documentation that she is on multiple NSAIDs in conjunction with corticosteroids or anticoagulants and she is also younger than 65 years of age without any documented cardiovascular history. Request for Prilosec is not medically necessary and appropriate at this time.