

Case Number:	CM14-0028884		
Date Assigned:	05/02/2014	Date of Injury:	04/19/2011
Decision Date:	10/01/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/21/2014

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 Physical Medicine and Rehabilitation, 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 48 year-old female with a date of injury of 04/19/11 after she lifted a bottle of bleach and injured her hand, wrist and upper extremities. She was status post right knee surgery on 07/29/13. MRI of the cervical spine dated 02/27/12 revealed disc bulge at C3-C4. She also had an MRI of the left shoulder and left wrist on 04/06/12. On 10/15/13 [REDACTED] examined her for complaints of knee pain. She was taking Ibuprofen for moderate relief and had completed physical therapy. Examination revealed right knee range of motion 0 to 120 degrees. There was right leg and ankle swelling. Diagnosis was status post right knee surgery. She has been treated with 18 physical therapy sessions for left hand and wrist, corticosteroid injection left ulnar side of wrist with two months relief, right wrist De Quervain injection that helped 20 to 30%, medications, work restrictions, brace/support and 4 to 5 sessions of shockwave treatment for the right hand with mild relief, Narcosoft, Motrin, and Prilosec. Some gastrointestinal complaints such as constipation, heartburn and stomach pain were documented. The request for Prilosec 20 mg #60 was denied on 12/9/13 due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, PPI Page(s): 68.

Decision rationale: MTUS Guidelines state PPI medications such as Prilosec may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). However, Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. In this case, it is not clear how long the patient has been taking PPIs, as the long term use is not recommended. Therefore, change of NSAID or adding a H-2 inhibitor can be considered. Therefore, the request is not medically necessary.