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| Case Number: | CM14-0040719 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 03/09/2004 |
| Decision Date: | 10/09/2014 | UR Denial Date: | 03/19/2014 |
| Priority: | Standard | Application Received: | 04/07/2014 |

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 57 year old female who had reported date of injury of 03/09/04. There was no description of mechanism of injury. Most recent clinical documentation submitted for review was dated 02/27/14 the injured worker presented with neck pain. Status of the symptoms are fluctuating. Frequency of pain was daily. Location of the pain was bilateral anterior neck, bilateral lateral neck, bilateral posterior neck bilateral shoulder, bilateral arm and bilateral upper back. Pain radiated to the arms. She described the pain as aching, dull, piercing, sharp, shooting, stabbing throbbing numbness. Aggravating factors included lifting, pushing, running, sneezing, standing, twisting, walking, changing positions, activities of daily living sitting and rolling over in bed. Alleviating factors included heating pad, ice, injections, massage, narcotic analgesics, rest, sitting, and stretching. The patient apparently had cervical spine fusion done (not documented). Review of systems from September through February GI did not reveal any abdominal pain, heartburn decreased appetite nausea or vomiting. On physical examination of the cervical spine, no atrophy was present. Gait was normal. No assistive devices. Posture was symmetrical, and there was tenderness in the cervical paraspinals. Sensory bilaterally at the deltoid patch, lateral forearm, first webspace, thumb and index finger, middle finger were all decreased. The ulnar hand medial forearm and medial arm were normal sensation. Limited active range of motion of the cervical spine. Flexion severe restriction, extension severe restriction. Bilateral bending was severe restriction. Bilateral upper extremities strength was normal and right biceps, right deltoid was 4+/5. Reflexes biceps on the right was 1/4 left 0/4 bilateral triceps 2/4, bilateral brachioradialis 1/4. Current medication Zanaflex, promethazine, Prilosec, Norco, MS Contin 30mg and 15mg tablets. Prior utilization review on 03/19/14 was non-certified. Current request was for Prilosec 40mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 40mg everyday: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Adverse side effects-proton pump inhibitors; prilosec.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Pain (Chronic).

Decision rationale: Proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.