

Case Number:	CM14-0051834		
Date Assigned:	07/09/2014	Date of Injury:	09/21/2010
Decision Date:	08/26/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/18/2014

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 Geriatrics and is licensed to practice in New York. 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 52 year old woman with a date of injury of 9/21/10. She was seen by her primary treating physician on 2/12/14 for reevaluation of her left sholder. She was said to be making good progress with therapy but was still having difficulty with her mid and low back. Her left shoulder showed well healed arthroscopic portals. Her flexion and extension were 160 degrees and internal and external rotation 80 degrees. Her strength was 4/5 and she had no gross atrophy. Her diagnosis was status post arthroscopic subacromial decompression of the left shoulder in May 2013. Her medications were refilled which included norco, ambien, prilosec and tazanadine. At issue in this review is the refill of prilosec. Prior length of therpy is not documented in the noted nor is an indication for the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg 1 tab QTY 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, page(s) 68-69 Page(s): 68-69.

Decision rationale: This worker has chronic pain with minimal limitations noted on physical examination. Her medical course has included arthroscopic surgery and use of several medications including narcotics. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 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). The records do not support that she is at high risk of gastrointestinal events to justify medical necessity of omeprazole. Her age is less than 65 years and she is not taking a NSAID and gastrointestinal symptoms are not documented in the note. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.