

Case Number:	CM14-0054869		
Date Assigned:	07/07/2014	Date of Injury:	12/30/2005
Decision Date:	10/07/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/24/2014

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 Family 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 is a 45-year-old male with a 12/30/05 date of injury. The mechanism of injury was not noted. According to a progress report dated 2/27/14, the patient complained of mild right shoulder pain, mild right wrist pain, and mild knee pain. His medication regimen consisted of Norco, Ibuprofen, Prilosec, and a topical cream containing ketoprofen, gabapentin, and tramadol. Objective findings: no abnormal findings documented. Diagnostic impression: right shoulder impingement, bilateral knee chondromalacia patella with grade 2 medial meniscus tears, carpal tunnel syndrome, anxiety and depression, insomnia. Treatment to date: medication management, activity modification, physical therapy, pain pump. A UR decision dated 3/28/14 denied the request for Prilosec. The clinical information submitted for review does not provide any evidence that the patient has a history of gastrointestinal risk factors or that he was concurrently using aspirin, corticosteroids, or anticoagulants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

Decision rationale: CA 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. It is documented that the patient is currently taking ibuprofen. Guidelines support the use of Prilosec in patients currently utilizing chronic NSAID therapy. Therefore, the request for Prilosec 20 mg #90 was medically necessary.