

Case Number:	CM14-0069793		
Date Assigned:	07/14/2014	Date of Injury:	03/16/2011
Decision Date:	09/09/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/15/2014

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 Occupational 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 injured worker is a 58 year old female who has developed persistent cervical and shoulder pain subsequent to an injury on 3/16/11. She has had cervical spine surgery pre-dating the injury. She has had left shoulder surgery, but continues to have some discomfort and signs of ongoing impingement and inflammation. Medications utilized are Naprosyn 550 twice daily and Prilosec 20mg, daily. The records sent for review have no documentation of gastrointestinal risk factors or gastrointestinal (GI) symptoms secondary to the Naprosyn use.

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 ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, web edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drug) and GI (gastrointestinal) risk Page(s): (s) 68.

Decision rationale: MTUS Guidelines do not recommend the routine use of Proton Pump Inhibitors (Prilosec) without risk stratification of a patient and determining that the patient is at least or intermediate risk for GI problems secondary to chronic NSAID use. There is no documentation of this stratification or any gastrointestinal symptoms from the NSAID. This

class of drugs is not benign and long term use is associated with increased hip fractures, lung infections and dysregulation of biological metals. Use of Prilosec is not documented to be consistent with Guideline recommendations and is not medically necessary.