

Case Number:	CM14-0070562		
Date Assigned:	07/18/2014	Date of Injury:	09/01/2010
Decision Date:	09/25/2014	UR Denial Date:	04/30/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 47-year-old female was reportedly injured on 9/1/2010. The mechanism of injury was noted as a head and neck injury that occurred when she stood up and hit her head on a metal beam. The most recent progress note, dated 4/9/2014, indicated that there were ongoing complaints of neck pain. Physical examination demonstrated 5-/5 LUE strength and 5/5 RUE strength. Deep tendon reflexes were 2+ and symmetrical. Spurling's sign elicited right trapezial pain. Sensation was intact. No clonus or increased tone. Hoffman's sign was negative. There was trigger point tenderness over right C2-C3, and right C4-C5 twitch response as well as referred pain. Cervical spine range motion was reduced in all planes. Gait and heel-toe walking normal. No recent diagnostic imaging studies available for review. Previous treatment included cervical selective nerve root blocks, trigger point injections, chiropractic treatment, acupuncture, and medications to include Ultracet, acetaminophen/codeine #3, terocin and omeprazole. A request had been made for Prilosec 20 mg #60, which was denied in the utilization review on 4/30/2014.

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 NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 79 of 137.

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

Decision rationale: MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fractures. Review, of the available medical records, documents a history of Gastroesophageal Reflux Disease (GERD) but fails to document current use of non-steroidal anti-inflammatory medications for treatment of chronic neck pain since a work-related injury in 2010. As such, this request is not medically necessary and appropriate.