

Case Number:	CM14-0070731		
Date Assigned:	06/04/2014	Date of Injury:	05/01/2008
Decision Date:	08/04/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/16/2014

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, has a subspecialty in Interventional Spine 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 patient is a 56 year old female with an injury date of 05/01/06. Based on the 04/22/14 progress report provided by [REDACTED] this patient complains of severe neck and upper extremity pain and pain in the knee and bilateral wrists. Examination findings of this patient show antalgic gait, and restricted range of motion. The utilization review determination being challenged is dated 05/08/14. [REDACTED] is the requesting provider, and he provided reports from 12/04/13 to 04/22/14.

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 : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pg. 69 NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: This patient presents neck pain, upper extremity pain, knee pain, and bilateral wrist pain. This patient was prescribed Ambien, Norco, Prilosec, and Anaprox. The request is for a prescription of Prilosec 20mg, #60. Review of the available reports show that this patient has been taking Prilosec since 12/04/13. There is no mention of why this medication is prescribed, its efficacy, and no GI assessment. MTUS guidelines require GI risk assessments that include age, prior history of peptic ulcer disease, high dose use of NSAIDs, concurrent use of ASA/anticoagulants, etc. for prophylactic use of a PPI. Given the lack of such discussion, the request is not medically necessary.