

Case Number:	CM14-0071486		
Date Assigned:	07/16/2014	Date of Injury:	05/24/2011
Decision Date:	09/24/2014	UR Denial Date:	05/09/2014
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 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 29-year-old male with a 5/24/11 date of injury. The mechanism of injury occurred when he fell off a ladder, about seven feet to the ground. According to a progress report dated 7/18/14, the patient complained of pain to the left shoulder, left elbow, and bilateral wrists/hands. He also complained of anxiety and depression due to his situation. Objective findings: tenderness to palpation of left shoulder, left elbow, and right and left wrist/hand with restricted ROM. Diagnostic impression: left wrist sprain/strain, left hand paresthesia, left elbow injury, status post left elbow surgery, right wrist arthritic-appearing reaction, left upper extremity complex regional pain syndrome. Treatment to date includes: medication management, activity modification, and surgery. A UR decision dated 5/9/14 denied the request for Prilosec. It is acknowledged that this patient has documented acid reflux. However, at the time of the prior peer review, the patient was authorized for Ranitidine. The medical records do not establish why the patient would also require Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk.

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. According to the progress report dated 5/7/14, the patient is suffering from acid reflux, secondary to NSAIDs. However, the patient has been prescribed Prilosec and Ranitidine for prophylactic use. There is no rationale provided as to why the patient requires multiple medications for prophylaxis while utilizing chronic NSAID therapy. In addition, there is no documentation in the most recent reports reviewed dated 5/21/14 and 7/18/14 that the patient is currently taking an NSAID or suffering from any gastrointestinal side effects. Furthermore, the quantity of medication requested is not noted. Therefore, the request for Prilosec 20 mg is not medically necessary.