

<b>Case Number:</b>	CM14-0074235		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 67-year-old male with a reported date of injury on 10/02/2012. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include cervical disc protrusion, cervical facet arthropathy, cervical facet hypertrophy, cervical muscle spasms, cervical foraminal narrowing, bilateral shoulder bursitis, left shoulder impingement syndrome, left rotator cuff tear, left acromioclavicular joint arthrosis, and status post right shoulder surgery. His previous treatments were noted to include surgery, medications, chiropractic care, and physical therapy. The progress note dated 06/20/2014 revealed the injured worker complained of constant moderate neck pain and stiffness that radiated to the bilateral trapezius muscles. The injured worker complained of intermittent moderate left shoulder pain and stiffness and frequent moderate to severe right shoulder pain and stiffness. The physical examination of the cervical spine noted painful ranges of motion, 3+ tenderness to palpation of the cervical paravertebral muscles and bilateral trapezii. The physical examination of the left shoulder revealed painful ranges of motion with 3+ tenderness to palpation on the anterior shoulder and posterior shoulder. The Hawkin's test caused pain. The physical examination of the right shoulder noted painful ranges of motion with 3+ tenderness to palpation of the anterior shoulder and posterior shoulder with painful Hawkin's test. The Request for Authorization form dated 06/04/2014 was for Prilosec. However, the provider's rationale was not submitted within the medical records.

### 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 NSAID's.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Prilosec 20mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 05/2014. The California Chronic Pain Medical Treatment Guidelines recommend physicians to determine if the patient is at risk for gastrointestinal events such as age greater than 65 years; history of peptic ulcer, gastrointestinal bleeding, or perforation; concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. The injured worker has been utilizing Prilosec prophylactically for gastrointestinal upset. However, there is a lack of documentation regarding gastrointestinal risk factors or previous records of medication induced gastritis. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is medically not necessary.