MAXIMUS Federal Services

Case Number:	CM14-0079766		
Date Assigned:	07/18/2014	Date of Injury:	08/06/2004
Decision Date:	10/01/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/30/2014

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 Family 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:

The injured worker is a 44 year old female who had a work related injury on 08/06/04. The injured worker states that nothing specific occurred on that date, although she felt a rather marked increase in left upper extremity pain. It was reported since early 2004 she has developing progressive neck pain, back pain, and shoulder pain in addition to numbness in both hands. Most recent clinical documentation submitted for review is dated 04/24/14 which indicates the injured worker continues to complain of pain in the cervical spine, mostly on the left with radiation into the left upper extremity with tingling all the way down to the fourth and fifth digits, some of these symptoms into the right upper extremity, but not nearly as bad. Prior treatments include cervical epidural steroid injection on 03/05/08 which gave her excellent relief of her radicular symptoms in her upper extremities for three to four months; two ulnar nerve transpositions, bilaterally, as well as bilateral shoulder arthroscopic surgery. The injured worker continues to complain of pain in these regions and responded very well to trigger point injections in the cervical region reporting a good three weeks of benefit. Current medications are Norco, Prilosec, Prozac, Fexmid, Neurontin, Halcyon, and Colace. Diagnoses are cervical degenerative disc disease, lumbar myoligamentous injury lower extremity radiculopathy, status post bilateral ulnar nerve transposition, status post bilateral shoulder arthroscopy, reactionary depression/anxiety, medication induced gastritis with chronic constipation. Prior utilization review dated 05/19/14 was noncertified. Current request is for Prilosec 20 milligrams quantity sixty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - online version Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Proton pump inhibitors (PPIs)

Decision rationale: Documentation indicates the patient has a history of prolonged nonsteroidal antiinflammatory drugs (NSAIDs) and narcotics use indicating the potential for gastric irritation and need for protection. As such, the request for Omeprazole 20 milligrams quantity sixty is recommended as medically necessary.