

Case Number:	CM14-0087588		
Date Assigned:	07/23/2014	Date of Injury:	12/22/2005
Decision Date:	09/22/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/11/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 50 year old female who reported an injury on 12/22/2005 with an unknown mechanism of injury. The injured worker was diagnosed with chronic lumbosacral strain with history of disc herniation and left shoulder rotator cuff syndrome status post operative arthroscopy noted on progress report dated 11/21/2013. The injured worker was treated with medications, surgery, and physical therapy. The injured worker had a MRI of the left shoulder on 12/26/2013. The injured worker had arthroscopic rotator cuff repair to the left shoulder, but the date of the procedure was not included in the medical records provided by the physician. The injured worker complained of pain 9/10 without medications and 5/10 with medications to cervical spine, left shoulder and bilateral wrists, it is also indicated that the injured worker has complained of gastric symptoms on the progress note dated 11/21/2013. The injured worker's left shoulder flexion and abduction was 150 degrees and extension and adduction was 40 degrees. The injured worker was prescribed motrin, prilosec and bio-therm topical cream. The treatment plan is for prilosec 20mg for gastric symptoms with a history of NSAID usage. The request for authorization was submitted for review on 05/09/2014.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Risk for GI event.

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

Decision rationale: The request for Prilosec 20 mg is not medically necessary. The injured worker is diagnosed with chronic lumbosacral strain with history of disc herniation and left shoulder rotator cuff syndrome status post operative arthroscopy. The injured worker has complained of gastric symptoms with a history of NSAID usage. The California MTUS guidelines recommend the usage of proton pump inhibitors with the use of NSAIDs if the injured worker is at risk for gastrointestinal events. The injured worker's medical records lack documentation to indicate the risks of the injured worker having gastrointestinal events like ulcers, perforation, or bleeds. Also, the request for prilosec 20mg does not indicate the frequency or quantity. As such the request for Prilosec 20 mg is not medically necessary.