

Case Number:	CM14-0092418		
Date Assigned:	07/25/2014	Date of Injury:	07/17/2012
Decision Date:	09/26/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/19/2014

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 Nevada. 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 records, presented for review, indicate that this 44-year-old individual was reportedly injured on July 17, 2012. The mechanism of injury was listed in the most recent progress note as a fall from a ladder. The most recent progress note, dated June 5, 2014, indicated that there were ongoing complaints of headaches and neck pain. The physical examination demonstrated no swelling or deformity of the right shoulder. A marked decrease of shoulder flexion was noted. Empty can test was positive and Hawkin's test was positive. Diagnostic imaging studies reported a minimal disc lesion at C4-C5. Shoulder MRI noted a supraspinatus tendinopathy. No rotator cuff tear was reported. Previous treatment included multiple medications, physical therapy, chiropractic, acupuncture, injection therapies and other pain management techniques. A request had been made for Prilosec and was not certified in the pre-authorization process on June 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Drugs (NSAIDs), GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68 of 127.

Decision rationale: When noting the date of injury, the mechanism of injury, the injury sustained, the treatment rendered and the current lack of any complaints relative to the gastrointestinal tract, there is no clinical indication for this medication. As outlined in the MTUS, this is a proton pump inhibitor indicated for the treatment of Gastroesophageal reflux disease. Noting that this diagnosis is not present, nor any gastric complaints offered, there is insufficient medical evidence to support the medical necessity of this medication. Such as, Prilosec 20 mg #60 is not medically necessary.