

Case Number:	CM13-0047309		
Date Assigned:	12/27/2013	Date of Injury:	11/05/2012
Decision Date:	04/02/2015	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/01/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 59-year-old male who reported an injury on 11/05/2012 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to multiple body parts. The injured worker's diagnoses included head trauma, herniated disc, cervical disc syndrome, radiculopathy of the cervical spine, left shoulder arthroscopy with rotator cuff repair, status post right shoulder arthroscopy, right elbow lateral epicondylitis, left carpal tunnel syndrome, fracture of the distal radius, multiple facial fractures, visual disturbance, multiple rib fractures, sleep disorder, status post right wrist TFCC repair and herniated lumbar disc disease. The injured worker was evaluated on 05/13/2014. Objective clinical findings included limited range of motion of the right shoulder and limited range of motion of the lumbar spine. The injured worker complained of low back pain radiating into the lower extremities. The injured worker's treatment plan included facet blocks and epidural steroid injections with preoperative labs. The injured worker was also instructed to participate in a home exercise program and continue with physical therapy. A refill of medications to include Norco 10/325 mg and Prilosec 20 mg was ordered. No Request for Authorization was submitted to support the request.

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 NSAIDS Page(s): 68-69.

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

Decision rationale: The requested Prilosec 20 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for developing gastrointestinal symptoms related to medication usage. The clinical documentation submitted for review does not provide any indication that the injured worker is at risk for developing gastrointestinal symptoms related to medication usage. Therefore, ongoing use of this medication would not be supported. Additionally, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Prilosec 20 mg #60 is not medically necessary or appropriate.