

Case Number:	CM14-0187864		
Date Assigned:	11/18/2014	Date of Injury:	03/10/2014
Decision Date:	01/07/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/11/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 56-year-old woman who sustained a work-related injury on March 10, 2014. Subsequently, the patient developed chronic neck and back pain. According to a progress report dated October 27, 2014, the patient continued with chiropractic care with slow improvement but remained symptomatic with her cervical spine being the most troublesome area. On examination of the cervical spine, there was mild right lower muscle spasm. There was tenderness to palpation in the right upper, mid, and lower back paravertebral and trapezius muscle. The range of motion flexion was 35 degrees with 40 degrees right lateral bending; 40 degrees left lateral bending, 45 degrees right lateral rotation, 50 degrees left lateral rotation, and 30 degrees extension. There was increased pain with cervical motion. There was a negative Spurling, Adson, and Wright maneuver. On examination of the thoracic spine, there was tenderness to palpation in the right upper paravertebral muscles. There was mild limitation of motion. On examination of the right-girdle, there was periscapular and trapezius tenderness with no winging. There was no tenderness and a negative Tinel's sign over the brachial plexus and thoracic outlet. Neurologic examination revealed a decreased sensation in the bilateral upper extremities, most notably in the right C6 distribution. The patient was diagnosed with chronic right rotator cuff tendinitis and impingement syndrome, chronic right cervical radiculopathy, contusion and straining injury of the cervical spine and right shoulder girdle, and degenerative joint disc disease of the cervical spine with protrusions at C3, C4, C5, and C6. The provider requested authorization for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of Prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg#30 prescription is not medically necessary.