

Case Number:	CM14-0191005		
Date Assigned:	11/24/2014	Date of Injury:	09/25/2013
Decision Date:	02/04/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 53 year old man who has a work related injury dated on 10/29/14 resulting in chronic pain of the shoulder and low back pain. The patient was treated by the primary treating physician on 10/29/14. He continued to have pain of the upper extremity and back. The physical examination showed the left shoulder to be weak with a decreased range of motion. The exam of the lumbar spine showed painful range of motion with positive straight leg raising test. The diagnosis included cervical and lumbar spine facet degenerative joint disease, bilateral sacroiliac sprain or strain, right lower extremity radiculitis, left shoulder sprain, and lumbar sprain. The plan of care included Norco, Prilosec, Fexmid, and Sonata. Under consideration is the medical necessity of Prilosec 20mg #30 which was denied during utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 68-69.

Decision rationale: According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that he has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, omeprazole (Prilosec) is not medically necessary.