MAXIMUS Federal Services

Case Number:	CM14-0193175		
Date Assigned:	11/26/2014	Date of Injury:	10/22/2009
Decision Date:	01/16/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/18/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [redacted] employee who has filed a claim for chronic shoulder, arm, neck, and wrist pain reportedly associated with an industrial injury of October 22, 2009. In a Utilization Review Report dated October 28, 2014, the claims administrator failed to approve a request for Prilosec. The claims administrator stated that its decision was based on progress notes of June 16, 2014 and October 30, 2014. The applicant's attorney subsequently appealed. In a telephone encounter dated October 30, 2014, the applicant's treating provider stated that the applicant needed Prilosec as he had a history of medication-induced gastritis and dyspepsia and therefore was using Prilosec in conjunction with Naprosyn. The applicant was 49 years old, the attending provider posited. In an October 30, 2014 progress note, the applicant again reported ongoing complaints of shoulder, neck, and wrist pain. The applicant was a qualified injured worker and was not working. The note was difficult to follow and mingled historical complaints with current complaints. The attending provider did posit that the applicant's pain complaints were limiting his ability to work, socialize, and perform recreational activities. The applicant had developed some financial constraints owing to his inability to work, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #30: Overturned

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, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia, as was reportedly present here. The attending provider reported in a telephone encounter dated October 30, 2014 that the applicant had reported issues with Naprosyn-induced dyspepsia. Introduction of Prilosec to combat the same is indicated. Therefore, the request is medically necessary.