

Case Number:	CM14-0194641		
Date Assigned:	12/02/2014	Date of Injury:	10/04/2013
Decision Date:	01/20/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/20/2014

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 pain reportedly associated with an industrial injury of October 4, 2013. In a Utilization Review Report dated November 13, 2014, the claims administrator approved a request for eight sessions of physical therapy, approved a request for naproxen, and denied a request for Prilosec. The claims administrator stated that its decision was based on a prescription dated November 6, 2014. On November 4, 2014, the applicant reported ongoing complaints of shoulder pain. The applicant was apparently taking an alternate position at a supermarket. Eight additional sessions of physical therapy were sought. The applicant exhibited 80 pounds of grip strength about the right side versus 115 pounds about the left side. Naproxen and Prilosec were endorsed. It was stated that naproxen was being employed for the applicant's shoulder bursitis. There was no mention of why Prilosec was being employed. There was no mention of any issues with reflux, heartburn, and/or dyspepsia. On August 28, 2014, the applicant reported ongoing complaints of right shoulder pain. In the review of systems section of the note, the applicant reportedly had a negative gastrointestinal review of systems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg, #60 (prescribed 11/6/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of any symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on either the November 4, 2014 or the August 28, 28, 2014 progress notes, referenced above. On August 28, 2014, furthermore, the applicant explicitly denied having any gastrointestinal review of systems. All of the foregoing, taken together, did not make a compelling case for introduction of Prilosec. Therefore, the request was not medically necessary.