

Case Number:	CM14-0197848		
Date Assigned:	12/08/2014	Date of Injury:	08/04/2008
Decision Date:	01/21/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/25/2014

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:

This is a 49-year-old female with an 8/4/08 date of injury, while removing weights from a product. The progress notes indicated that the patient was utilizing Prilosec at least from 4/15/14. The patient was seen on 9/16/14 with complaints of pain in the shoulder, neck and wrist. Exam findings revealed spasm and tenderness of the cervical spine, decreased sensation of the right C6-C7 distribution, and positive impingement sign bilaterally. The patient has been noted to be on Norco 10/325, Prilosec, and Restoril. The diagnosis is bilateral shoulder impingement syndrome, cervical radiculopathy, and status post distal radius fracture. Treatment to date: work restrictions and medications. An adverse determination was received on 10/25/14 given that use of this medication was not necessary at all the time for the patient's utilizing chronic medication, either anti-inflammatory or narcotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG 30X1 CAP BOTTLE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68. Decision based on Non-MTUS Citation FDA (Prilosec)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, there is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In addition, the progress notes indicated that the patient was utilizing Prilosec at least from 4/15/14; however there is a lack of documentation indicating subjective and objective functional gains from prior use. Lastly, there is a lack of documentation indicating that the patient suffered from gastrointestinal discomfort or was diagnosed with GERD, erosive esophagitis or ulcers. Therefore, the request for Prilosec 20mg 30x1 Cap Bottle is not medically necessary.