

Case Number:	CM14-0025437		
Date Assigned:	06/11/2014	Date of Injury:	12/26/2010
Decision Date:	09/03/2015	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 injured worker is a 32-year-old female patient who sustained an industrial injury on December 26, 2010. The worker was employed as an assistant manager, she was flipping on a surge protector with her left hand middle finger, and her left finger was burned with shooting pain up the finger and to the neck. She clenched up and tightened up but did not fall to the ground. On February 09, 2011, the worker underwent electronic nerve conduction study that revealed results within normal limits. At a pain management follow up visit, dated September 25, 2012 reported current subjective complaints of having intermittent sharp pain in the bilateral upper extremities. The pain radiates from the fingers to shoulder and neck with associated parasthesia's. At times, she has lost grip strength resulting in dropping objects and an occasional popping in the left elbow. She is also with intermittent sharp burning mid backing pains that radiate upwards into the back of the head. Medications were Soma and Tramadol. The following treating diagnoses were applied: cervical radiculitis with bulging discs, and cervical myofascial pain. There is recommendation for acupuncture care. A primary treating office visit dated April 21, 2014 reported the treating diagnosis as chronic blood loss anemia. The worker is with subjective complaint of continued total body pain, chronic fatigue, problem sleeping. Current medications consisted of: Sonata, Gabapentin, Tramadol, and Lidoderm patches. At a primary treating dated January 03, 2014 reported the treating diagnoses as: myalgia and myositis, and chronic blood loss anemia. The plan of care noted continuing with Tramadol, Compound topical cream, Neurontin, recommending Ferrous 325 md daily and orthopedic mattress to assist with pain and stiffness. She is also referred for a dermatology consultation regarding alopecia.

The injured worker has even undergone a course of aqua therapy. On August 13, 2013, the worker was deemed as permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg #120 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are myalgia and myositis NOS; and chronic blood loss anemia. Date of injury is December 26, 2010. Request for authorization is February 11, 2014. The utilization review referenced a February 5, 2014 progress note in the analysis. There is no February 5, 2014 progress note in the medical records available for review. According to a January 3, 2014 progress note, there are no comorbid conditions or risk factors for gastrointestinal events. There were no non-steroidal anti-inflammatory drugs prescribed. Specifically, there is no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Similarly, in a February 23, 2014 progress note, there were no comorbid conditions or non-steroidal anti-inflammatory drugs prescribed. Consequently, absent comorbid conditions or risk factors for GI events, non-steroidal anti-inflammatory drugs and a frequency for prilosec, Prilosec 20 mg #120 is not medically necessary.