

Case Number:	CM15-0002984		
Date Assigned:	01/21/2015	Date of Injury:	05/01/2014
Decision Date:	03/18/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/07/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female with an industrial injury dated 5/1/2014. The diagnoses included degenerative disc/ facet joint disease and right shoulder derangement. The treatments were medications, physical therapy and steroid injections. The treating provider's progress note described neck and left shoulder pain 9/10 pain level with stiffness with numbness and tingling in the left arm. The injured worker reported difficulty sleeping from pain. On exam there is tenderness on the upper back and decreased, painful range of motion. The shoulders have decreased range of motion with increased pain. The UR determination denied request on 12/30/2014 for Prilosec 20mg #60, citing ODG, proton pump inhibitors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC states that proton pump inhibitors (PPI's) are recommended for patients at risk for gastrointestinal events

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: This patient presents with neck and left shoulder pain. The treater is requesting Prilosec 20 Mg Quantity 60. The RFA dated 12/19/2014 shows a request for Prilosec 20 mg quantity 60. The patient's date of injury is from 05/01/2014, and her current work status is TTD. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: -1- age > 65 years; -2- history of peptic ulcer, GI bleeding or perforation; - 3 - concurrent use of ASA, corticosteroids, and/or an anticoagulant; or - 4 - high dose/multiple NSAID - e.g., NSAID + low-dose ASA. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed omeprazole on 06/09/2014. The 12/12/2014 report shows that the treater is prescribing Prilosec for prophylactic GI protection. None of the reports from 06/09/2014 to 12/23/2014 document GI symptoms or events. In this case, the MTUS guidelines do not support the routine use of PPIs without documentation of gastrointestinal events or issues. The request is not medically necessary.