

<b>Case Number:</b>	CM15-0103727		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	10/07/2003
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 46 year old female, who sustained an industrial injury on October 7, 2003. The injured worker was diagnosed as having cervical discopathy with disc displacement, cervical radiculopathy, and right shoulder impingement syndrome. Treatment to date has included medication. Currently, the injured worker complains of cervical spine pain radiating down to the right arm with numbness and tingling, with right shoulder pain radiating to the right shoulder blade. The Primary Treating Physician's report dated March 11, 2015, noted the injured worker reported her medications and compound creams were helpful in alleviating some of the pain. The injured worker's medications were listed as Fexmid, Nalfon, Paxil, Prilosec, Ultram ER, Norco, and compounded topical cream. Physical examination was noted to show the cervical spine with positive tenderness to palpation over the cervical paraspinal musculature with decreased range of motion (ROM) secondary to pain and stiffness. Examination of the right shoulder was noted to reveal tenderness to palpation over the acromioclavicular joint with Neer's, Hawkin's, and O'Brien's tests positive. Sensory examination was noted to be diminished to light touch and pinprick in the right C6 dermatomal distribution. The treatment plan was noted to include continuation of the current medications, with request for authorization for a urine toxicology test.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

**Decision rationale:** This 46 year old female has complained of neck and right shoulder pain since date of injury 10/7/03. She has been treated with medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.