

Case Number:	CM15-0105098		
Date Assigned:	06/09/2015	Date of Injury:	07/17/2002
Decision Date:	07/10/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/01/2015

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: Emergency 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 62-year-old female who sustained an industrial injury on 07/17/2002. Mechanism of injury was continuous trauma. Diagnoses include long-term use of other medications, RSD upper extremities, chronic migraine without aura, and injury to the ulnar nerve, bilateral ulnar neuropathy status post decompression on the right and transposition on the left. Treatment to date has included diagnostic studies, medications, surgery, thoracic sympathetic block, and psychotherapy. A physician progress note dated 05/22/2015 documents the injured worker complains of neck pain. She continues to have poor sleep and feels her facial pain is increasing exponentially. Her neuropathic face and head pain are becoming worse. Her CRPS symptoms in the left upper extremity swelling, color changes and shooting pain are increasing. She has been having more swelling in her hands over the last several months. She rates her pain as 8 out of 10 on the Visual Analog Scale and her pain is in the right neck, shoulder, arm and face. It is constant. She also has a tremor in her right upper extremity. Her medications include Gabapentin, Aciphex, Thermacare patches, Percocet, Tizanidine, Naprosyn, Restoril, Buspar, stool softeners, and Miralax. The treatment plan includes a trial of MS ER 15mg every 12 hours, #60-she has failed Hydrocodone and Percocet alone is not effective, and refill Gabapentin, Thermacare patches and Tizanidine. Prilosec is requested for medicine induced gastritis-she has failed Nexium, Zantac and Aciphex is denied. Treatment requested is for Prilosec 40mg (trial) #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 40mg (trial) #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Utilization Schedule 2009, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69 Page(s): 68-69.

Decision rationale: The requested Prilosec 40mg (trial) #60 is medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has neck pain. She continues to have poor sleep and feels her facial pain is increasing exponentially. Her neuropathic face and head pain are becoming worse. Her CRPS symptoms in the left upper extremity swelling, color changes and shooting pain are increasing. She has been having more swelling in her hands over the last several months. She rates her pain as 8 out of 10 on the Visual Analog Scale and her pain is in the right neck, shoulder, arm and face. It is constant. She also has a tremor in her right upper extremity. The treating physician has documented that Prilosec is requested for medicine-induced gastritis as she has failed Nexium, Zantac and Aciphex is denied. The criteria noted above having been met, Prilosec 40mg (trial) #60 is medically necessary.