

Case Number:	CM15-0109816		
Date Assigned:	06/16/2015	Date of Injury:	05/23/2014
Decision Date:	07/15/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/08/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 47 year old female, who sustained an industrial injury on May 23, 2014. She reported severe right shoulder pain and right pinky pain after a 20-30 pound box fell on her. The injured worker was diagnosed as having adhesive capsulitis of shoulder, closed dislocation of interphalangeal hand, contusion of multiple sites of the shoulder and upper arm, other affections of shoulder region, other bursitis disorders, rotator cuff syndrome of the shoulder and allied disorders, sprain and strain of unspecified sites of the shoulder and upper arm and unspecified disorders of the bursae and tendon of the shoulder region. Treatment to date has included diagnostic studies, physiotherapy, acupuncture, medications and work restrictions. Currently, the injured worker complains of continued severe right shoulder pain, right wrist pain, right hand pain and right finger pain with associated swelling and numbness. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. It was noted if pain was persistent surgical intervention of the right shoulder would be discussed. She was treated conservatively without complete resolution of the pain. Evaluation on March 31, 2015, revealed continued pain as noted. It was reported a hand surgeon recommended surgical intervention of the right pinky. Evaluation on May 1, 2015, revealed continued pain as noted. Acupuncture was continued. Medications were continued and Prilosec was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 40mg quantity: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Appendix A, ODG Workers Compensation Drug Formulary (updated 4/30/2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-72.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. Clinicians should weight 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 a 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 gastro duodenal lesions. Recommendations patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons, the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore the request is not medically necessary.