

Case Number:	CM15-0132214		
Date Assigned:	07/24/2015	Date of Injury:	11/09/2009
Decision Date:	09/18/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/08/2015

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: 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 53-year-old male who sustained an industrial injury on 11-09-2009 resulting in cumulative trauma. Treatment provided to date has included right shoulder surgery (2010), left shoulder surgery (2010); left wrist surgery; physical therapy; injections; medications; and conservative therapies or care. Diagnostic tests performed and reported per the progress notes include: electro diagnostic testing (2013) showing chronic left C7 radiculopathy, chronic right C6 radiculopathy, right ulnar neuropathy across the elbow, moderate left median neuropathy at the wrist, and mild right median neuropathy at the wrist; MRI of the left shoulder (2009) showing probable small partial articular side tear of the supraspinatus tendon; and MRI of the right shoulder (2010) showing moderate osteoarthritis at the acromioclavicular joint. Other noted dates of injury documented in the medical record include 2002 and 2007. Comorbidities included hypertension (developed in 2007 or 2008). On 05-27-2015, physician progress report noted complaints of pain in the cervical spine, lumbar spine, bilateral shoulders, and elbows. The pain was rated 7 out of 10 in severity with use of Norco and 8 to 9 out of 10 without Norco. It was reported that the injured worker had undergone trigger point injection at previous visit with improved range of motion (ROM) and functional capacity. Current medications include Norco and Prilosec. The physical exam revealed tenderness and spasms over the paravertebral muscles of the cervical and lumbar spines with increased ROM on flexion and extension of the lumbar spine, decreased ROM in the cervical spine, discomfort with elevation of the upper extremities, decreased grip strength on the left, and lateral epicondylar tenderness on the left with pain elicited at this region with the extension of the wrist against force. The provider noted diagnoses

of chronic non-malignant pain of the cervical and lumbar spines, shoulders, left wrist and left elbow; chronic post-operative pain; and lateral epicondylitis. Other diagnoses included status post shoulder surgeries, shoulder tendinitis and bursitis, cervical strain and sprain, and lumbar strain and sprain. Plan of care includes refills of Norco and Prilosec, 3 Lidocaine injections to the lateral epicondyle, and follow-up in 4 weeks. The injured worker's work status was not mentioned. The request for authorization and IMR (independent medical review) includes Prilosec (unknown dosage and quantity).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec (unknown dosage and quantity): 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), Pain chapter.

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

Decision rationale: This 53 year old male has complained of bilateral shoulder pain and wrist pain since date of injury 11/9/2009. He has been treated with surgery, injections, physical therapy and 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 difficult colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.