

Case Number:	CM15-0138979		
Date Assigned:	07/28/2015	Date of Injury:	10/01/2012
Decision Date:	08/26/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/17/2015

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 37 year old female, who sustained an industrial injury on October 1, 2012. Treatment to date has included MRI of the cervical spine, EMG-NCV of the right upper extremity, modified work duties, chiropractic therapy, physical therapy, cervical fusion, cervical facet joint medial branch block, cervical radiofrequency nerve ablation-rhizotomy-neurotomy, home exercise program, TENS unit, heat therapy, and medications. Her current medication regimen includes Prilosec, Maxalt, Lyrica, Lorazepam, Skelaxin and Vicodin. Currently, the injured worker complains of bilateral neck pain and right trapezius pain. She reports increased bilateral wrist pain. Her pain is aggravated with lifting, twisting her back, driving, any activity, looking back, looking up and down and with tilting her head. She reports that nothing relieves her pain. On physical examination the injured worker has tenderness to palpation of the right wrist and cervical paraspinal muscles. She has painful decreased right shoulder range of motion and her cervical range of motion was decreased by pain in all directions. The documentation reveals the injured worker's past medical history includes migraines and acid reflux. The diagnoses associated with the request include migraine, cervical central disc protrusion, facet joint arthropathy, right shoulder tendinitis, and mild right carpal tunnel syndrome. The treatment plan includes surgical evaluation for second opinion, continuation of Vicodin, Lyrica, Prilosec and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

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

Decision rationale: The requested Prilosec 20mg #30 with 2 refills 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 treating physician has documented tenderness to palpation of the right wrist and cervical paraspinal muscles. She has painful decreased right shoulder range of motion and her cervical range of motion was decreased by pain in all directions. The documentation reveals the injured worker's past medical history includes migraines and acid reflux. The criteria noted above having been met, Prilosec 20mg #30 with 2 refills is medically necessary.