

Case Number:	CM15-0146126		
Date Assigned:	08/07/2015	Date of Injury:	05/27/1999
Decision Date:	09/22/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/28/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 59-year-old male, who sustained an industrial injury on 05-27-1999. The injured worker is currently diagnosed as having bilateral chronic shoulder pains with history of three surgeries on the right shoulder and one surgery on the left side in 2010, neck pain with upper back pain, and left upper extremity electromyography/nerve conduction velocity studies consistent with borderline left carpal tunnel syndrome. Treatment and diagnostics to date has included shoulder surgeries, chiropractic treatment, physical therapy, injection, use of medications. Cervical spine MRI dated 06-30-2015, which showed worsening of the central and left subarticular zone disc osteophyte complex causing flattening of the left anterior surface of the cord with mild left sided canal stenosis and moderate to severe left exit foramen narrowing at C3-C4 level. In a progress note dated 07-02-2015, the injured worker reported neck and bilateral shoulder pain. Objective findings included mild triggering of the 4th digit on the right hand when making a fist, weakness with left hand grip, and pain with cervical extension. The physician also noted that the Prilosec is helping with his gastroesophageal reflux disease. The treating physician reported requesting authorization for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg once daily as needed quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 68-69.

Decision rationale: Omeprazole (Prilosec) is a proton pump inhibitor, which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: (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). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.