

Case Number:	CM15-0147897		
Date Assigned:	08/10/2015	Date of Injury:	04/20/2013
Decision Date:	09/08/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/29/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 49-year-old female who sustained an industrial injury on 7-2-15. She had complaints of right arm and shoulder pain. Treatments include: medication, physical therapy, injections and surgery. Progress report dated 7-2-15 reports continued complaints of neck, lumbar and thoracic back, right shoulder, arm, forearm, wrist and hand, the pain constant and is rated 8 out of 10. She has numbness and tingling in her right hand about 20% of the time. The pain is made worse by cleaning, cooking, reaching, pushing, pulling, lying, lifting, carrying, turning, stooping, standing and twisting. The pain is made better with medication and home exercise. Diagnoses include: brachial neuritis or radiculitis, cervical intervertebral disc disorder with myelopathy. Plan of care: prescribe Tramadol 50 mg 1 twice per day, #60 and Prilosec 20 mg per day, #30. Work status: work with restricted repetitive overhead activities, above shoulder activities, power gripping, repetitive firm gripping, prolonged fine finger manipulation of over 10 minutes continuously. Permanent and stationary. Follow up as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are brachial neuritis or radiculitis; and cervical IVD disorder with myelopathy. The date of injury is April 20, 2013. Request for authorization is dated July 2, 2015. According to a July 2, 2015 progress note, subjectively the injured worker has multiple complaints involving the neck, upper back, shoulder, arm and elbow, wrist and hand. The current medications include tramadol and Prilosec. There is no nonsteroidal anti-inflammatory documented in the medical record. There are no comorbid conditions or risk factors for gastrointestinal events. There is no clinical indication or rationale for a proton pump inhibitor in the medical records. The physician review recommendation contains a request for Prilosec 20 mg bid, #60. The office visit dated July 2, 2015 and the request for authorization contain a Prilosec 20 mg one tablet once per day #30 request. In either case, Prilosec 20 mg is not clinically indicated and, as a result, not medically necessary. Based on clinical information the medical record and peer-reviewed evidence-based guidelines, Prilosec 20mg #60 is not medically necessary.