

Case Number:	CM15-0163465		
Date Assigned:	08/31/2015	Date of Injury:	06/06/2014
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/20/2015

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 45 year old female, who sustained an industrial injury on June 6, 2014. She reported an injury to her neck, bilateral upper extremities, right shoulder, bilateral arms, right hand and fingers. Treatment to date has included NSAIDS, pain medications, diagnostic imaging, and EMG-NCV of the bilateral upper extremities. Currently, the injured worker complains of moderate to severe cervical spine and lumbar spine pain. She reports bilateral wrist pain. On physical examination the injured worker has tenderness to palpation of the cervical spine, the lumbar spine and the bilateral shoulder joints. She has tenderness to palpation over the bilateral trapezius muscles. The diagnoses associated with the request include rule out bilateral carpal tunnel syndrome, cervical spine sprain-strain and lumbar spine sprain-strain. The treatment plan includes physical therapy, continued home exercise program, and Prilosec.

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 & cardiovascular risk.

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 20 mg #60 is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal 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 non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are allowed bilateral carpal tunnel syndrome; and cervical spine, lumbar spine sprain strain, left HNP. Date of injury is June 6, 2014. Request for authorization is July 5, 2015. There is one progress note in the medical record handwritten dated July 6, 2015. Subjectively, there is moderate to severe cervical spine, lumbar spine and bilateral wrist pain. Objectively, there is tenderness to palpation at the cervical spine, lumbar spine and bilateral shoulder joints. The treatment plan consists of a handwritten entry- Pain meds: naproxen is crossed out and Prilosec is circled. Additional medications are crossed out and illegible. There are no comorbid conditions or risk factors for gastrointestinal events. There is no clinical indication or rationale in the medical record for a proton pump inhibitor. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical documentation with a clinical indication or rationale for Prilosec, Prilosec 20 mg #60 is not medically necessary.