

Case Number:	CM15-0164055		
Date Assigned:	09/01/2015	Date of Injury:	01/05/2011
Decision Date:	10/05/2015	UR Denial Date:	08/10/2015
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: Texas, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 1-5-11. The injured worker was diagnosed as having cervical pain, cervical radiculopathy, cervical disc disorder, and shoulder pain. Treatment to date has included cervical epidural steroid injections, physical therapy, a home exercise program, and medication including Neurontin and Norco. The injured worker had been taking Prilosec since at least 1-12-15. Currently, the injured worker complains of neck pain. The treating physician requested authorization for Prilosec 20mg #60.

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. Decision based on Non-MTUS Citation ODG Treatment.

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

Decision rationale: The injured worker sustained a work related injury on 1-5-11. The medical records provided indicate the diagnosis of cervical pain, cervical radiculopathy, cervical disc

disorder, and shoulder pain. Treatment to date has included cervical epidural steroid injections, physical therapy, a home exercise program, and medication including Neurontin and Norco. The medical records provided for review do not indicate a medical necessity for Prilosec 20mg #60. Prilosec is a proton pump inhibitor containing Omeprazole. The MTUS recommends that clinicians should weight 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 Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin). The medical records indicate the injured worker is being treated with an NSAID, but the records do not indicate the injured worker belongs to either of the above groups: the worker is less than 65, the reports of that day lacked documentation gastrointestinal review, review, past medical history of gastrointestinal disorder, there was no abdominal examination. Therefore, the request is not medically necessary.