

Case Number:	CM15-0183787		
Date Assigned:	09/24/2015	Date of Injury:	09/29/2008
Decision Date:	11/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/18/2015

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: Physical Medicine & Rehabilitation

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 44 year old female, who sustained an industrial injury on 9-29-2008. Medical records indicate the worker is undergoing treatment for right shoulder tenosynovitis, right hand tenosynovitis, cervico-brachial syndrome, thoracalgia, insomnia and post-traumatic headaches. A recent progress report dated 8-20-2015, reported the injured worker complained of post-traumatic insomnia rated 7 out of 10, occipital headaches rated 8 out of 10, posterior neck pain rated 8 out of 10 and pain in the right wrist-hand-forearm-shoulder rated 6-9 out of 10. There were no listed gastrointestinal complaints. Physical examination revealed painful cervical range of motion and cervical tenderness and decreased right grip strength. Documentation states the Omeprazole was given for gastrointestinal protection due to NSAID (non-steroidal anti-inflammatory drug) use. Treatment to date has included physical therapy, Fluoxetine, Tramadol, naproxen, Hydrocodone, Omeprazole, Xanax, Lyrica, Cymbalta, Amitiza, Norco and Trazadone. On 8-20-2015, the Request for Authorization requested Prilosec cap 20mg #90 Supply: 30 days. On 8-17-2015, the Utilization Review noncertified the request for Prilosec (Omeprazole) cap 20mg #90 Supply: 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec cap 20mg #90 Supply: 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The current request is for Prilosec cap 20mg #90 Supply: 30 days. The RFA is dated 07/23/15. Treatment to date has included physical therapy, Fluoxetine, Tramadol, naproxen, Hydrocodone, Omeprazole, Xanax, Lyrica, Cymbalta, Amitiza, Norco and Trazadone. The patient is TTD. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, pg. 69 states, "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 ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per report 08/20/15, the patient complained of post-traumatic insomnia, occipital headaches, posterior neck pain and pain in the right upper extremity. Physical examination revealed painful cervical range of motion, tenderness and decreased right grip strength. Current medications include Fluoxetine, tramadol, naproxen, hydrocodone, omeprazole and Xanax. The treater states that the Omeprazole was given for gastrointestinal protection due to NSAID use. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. Although the patient has been taking Naproxen on a long-term basis, the provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.