

Case Number:	CM15-0187408		
Date Assigned:	09/29/2015	Date of Injury:	12/14/2013
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/23/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 48 year old female, who sustained an industrial injury on 12-14-2013. The injured worker is currently permanent and stationary and able to return to modified duties. Medical records indicated that the injured worker is undergoing treatment for cervical spine sprain-strain, thoracic spine sprain-strain, lumbar spine degenerative disc disease, and bilateral shoulder impingement syndrome, obesity, and diabetes mellitus. Treatment and diagnostics to date has included medications. Recent medications included Metformin, Naproxen, Norco, Wellbutrin, and Ativan. After review of progress notes dated 08-14-2015 and 08-17-2015, the injured worker reported bilateral chronic shoulder, right foot, neck, mid back, and low back pain rated 5 out of 10 in severity and denied any abdominal pain, nausea, and vomiting. Objective findings included non-tender and non-distended abdomen. The Utilization Review with a decision date of 08-31-2015 non-certified the request for Prilosec 20mg #60 BID (twice daily).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 BID: 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: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The claimant had been on Prilosec for several months. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.