

Case Number:	CM15-0194859		
Date Assigned:	10/08/2015	Date of Injury:	09/21/2010
Decision Date:	11/18/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/05/2015

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: North Carolina

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 57 year old female who sustained an industrial injury on 09-21-2010. Medical records indicated the worker was treated for neck pain with associated cervicogenic headache and radicular symptoms to both upper extremities, right greater than left. In the provider notes of 09-09-2015 the injured worker is seen in follow-up for re-evaluation following her second set of diagnostic cervical epidural steroid injections (last one 08-13-2015) from which she is still receiving at least 50% benefit to her neck and radicular symptoms with noted improvement in mobility in her neck and reduced pain. Prior to the epidural steroid injection her pain was an 8 on a scale of 0-10 intensity and at the 09-09-2015 visit her pain is a 4 on a scale of 10. She reports less numbness bilaterally in her hands and has been able to decrease her medication by 50% only taking Norco as needed. A MRI of the cervical spine (01-19-2015) revealed significant pathology with a left paracentral disc herniation abutting the left C7 nerve root correlating with an acute left C7 radiculopathy. On examination, there are radicular symptoms, and an electromyogram reveals an acute left C7 radiculopathy. There are right carpal tunnel symptoms including numbness, tingling and weakness in her right hand. She had left ulnar nerve surgery (7-20-2012) but remains symptomatic. According to notes of 09-09-2015, she is continues to work 48 hours per week without restrictions and relies on Anaprox DR for her baseline analgesic medication. There is no documentation of gastrointestinal issues other than a 07-28-2015 notation that she had discontinued taking Norco due to gastrointestinal symptoms and nausea. The worker is taking the following medications: Prilosec, Anaprox, Imitrex, and Doral. According to provider notes, her Norco has been significantly reduced and is again being

reduced in dosage on this visit. The treatment plan also includes referral to an orthopedic surgeon regarding her ongoing neck pain and her right carpal tunnel syndromes. A request for authorization was submitted for Prilosec Cap 20mg, #60 A utilization review decision 09-25-2015 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec Cap 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter - Proton pump inhibitors (PPIs).

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

Decision rationale: Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ug four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons, the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore, the request is not medically necessary.