

Case Number:	CM15-0200457		
Date Assigned:	10/19/2015	Date of Injury:	08/27/2014
Decision Date:	12/02/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/13/2015

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 20 year old female, who sustained an industrial injury on 8-27-2014. Medical records indicate the worker is undergoing treatment for dizziness, insomnia, anxiety-depression, cervical sprain-strain, thoracic sprain-strain and rotator cuff syndrome. A recent progress report dated 9-9-2015, reported the injured worker complained of pain in the neck, head and thoracic spine, dizziness, anxiety, stress and insomnia. The pain was rated 6 at its best and 8 at its worst. Physical examination revealed decreased cervical range of motion. Treatment to date has included Naproxen, Prilosec and Fioricet. There was no documented gastrointestinal evaluation or complaints on this visit. On 9-9-2015, the Request for Authorization requested Prilosec 20mg daily. On 9-23-2015, the Utilization Review noncertified the request for Prilosec 20mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, daily: Upheld

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

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 20MG, DAILY. The RFA is dated 09/09/15. Treatment to date has included physical therapy, and medications. The patient is permanent and stationary. It is unclear if she has returned to work. MTUS Guidelines, NSAIDs, GI symptoms & cardiovascular risk Section, page 69, under Treatment of dyspepsia secondary to NSAID therapy states: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc. Per report 09/09/15, the patient presents with pain in the neck, head and thoracic spine. She also reported dizziness, anxiety, stress and insomnia. The pain was rated 6 at its best and 8 at its worst. Physical examination revealed decreased cervical range of motion. The patient has been utilizing Naproxen and Prilosec concurrently since at least 02/15/15. In this case, the treater has not provided a reason for the request, and there is no GI assessment or subjective complaints of GI upset. Without an appropriate GI assessment, and a rationale as to why this patient requires this medication, or discussion of efficacy, the continuation of Prilosec cannot be supported. The request IS NOT medically necessary.