

Case Number:	CM15-0202836		
Date Assigned:	10/19/2015	Date of Injury:	01/07/2015
Decision Date:	12/03/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/15/2015

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:

Disclaimer: The Office visit note at the time this medication was written was handwritten and illegible. Previous records were legible and typed. The injured worker is a 47 year old female, who sustained an industrial injury on January 7, 2015, incurring neck and shoulder injuries. She was diagnosed with cervical disc disease left arm radiculopathy and bilateral trapezius strain. Treatment included physical therapy and acupuncture with no benefit. Other treatment included anti-inflammatory drugs and muscle relaxants. She found little relief with these medications. She denied any gastrointestinal symptoms, ingestion or reflux. Currently, the injured worker complained of persistent neck and shoulder pain. Magnetic Resonance Imaging of the cervical spine revealed disc herniation. She rated her pain 9 out of 10. She noted sharp, burning pain with tingling and worse on movement. Treatment consisted of continued anti-inflammatory drugs and activity restrictions. The treatment plan that was requested for authorization included a prescription for Prilosec 20 mg unspecified quantity. On September 16, 2015, a request for a prescription for Prilosec was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, unspecified quantity: 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 based on Non-MTUS Citation <http://www.aafp.org/fpm/2002/0700/p27.html>.

Decision rationale: The injured worker sustained a work related injury on January 7, 2015, incurring neck and shoulder injuries. She was diagnosed with cervical disc disease left arm radiculopathy and bilateral trapezius strain. Treatment included physical therapy, acupuncture, anti-inflammatory drugs and muscle relaxants. The medical records provided for review do not indicate a medical necessity for Prilosec 20mg, unspecified quantity. The MTUS recommends the addition of proton pump inhibitors to the treatment of individuals at risk for gastrointestinal events when they are being treated with NSAIDs. The medical records indicate the injured worker does not have gastrointestinal risk, based on the guidelines criteria. Therefore, the requested treatment is not medically necessary. Besides, the request does not follow the regular format of prescription that includes the quantity, route and frequency of the medication.