MAXIMUS Federal Services

Case Number:	CM15-0203457		
Date Assigned:	10/20/2015	Date of Injury:	04/01/2007
Decision Date:	12/01/2015	UR Denial Date:	09/25/2015
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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old female who sustained an industrial injury on 04-01-2007. A review of the medical records indicated that the injured worker is undergoing treatment for left shoulder degenerative joint disease and calcific tendonitis. No significant medical history was documented. The injured worker is status post left shoulder rotator cuff repair with subacromial decompression on 01-21-2013 and left shoulder arthroscopy with labral repair, capsulorraphy, subacromial decompression, extensive synovectomy and debridement of the rotation cuff on 08-04-2015.According to the treating physician's progress report on 09-15-2015, the injured worker was evaluated post-operatively for daily pain of the left shoulder. There was tenderness at the rotator cuff. The incision was healed with decreased swelling noted. Range of motion and stress testing were deferred due to recent surgery. Prior treatments have included diagnostic testing, surgery and medications. Current medications were listed as Norco, Voltaren and Prilosec. Treatment plan consists of medications, post-operative physical therapy and the current request for Prilosec 20mg #60 with 2 refills. On 09-25-2015 the Utilization Review determined the request for Prilosec 20mg #60 with 2 refills was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 with 2 refills: 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 claimant sustained a work injury in April 2007 and continues to be treated for left shoulder pain. She underwent a labral repair with subacromial decompression in January 2013. In April 2015 physical examination findings included positive impingement, Speed, and Yergason testing. Apprehension testing was positive. There was decreased left shoulder range of motion. Imaging results were reviewed showing findings of a full thickness partial width tear of the supraspinatus tendon and low grade partial thickness tear of the infraspinatus. The claimant had no significant past medical problems and no known drug allergies or intolerances. Arthroscopic surgery was planned and was done in August 2015. When seen in September 2015 physical therapy was pending. She was having pain that was intermittent. She had decreased swelling. There was a limited shoulder examination with findings of rotator cuff tenderness. Norco, Soma, oral Voltaren, and Prilosec were prescribed. The Prilosec dosing was 20 mg two times per day. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no reported history of medication intolerance. Additionally, dosing of Prilosec would be 20 mg per day and the dose being requested is twice that recommended. It is not considered medically necessary.