

Case Number:	CM15-0207227		
Date Assigned:	10/26/2015	Date of Injury:	08/19/2014
Decision Date:	12/07/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/21/2015

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: Emergency 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:

The injured worker is a 46 year old male, who sustained an industrial injury on 8-19-2014. The medical records indicate that the injured worker is undergoing treatment for right shoulder full-thickness rotator cuff tear, biceps tendon rupture of the right shoulder, and status post video arthroscopy of the right shoulder. According to the progress report dated 9-24-2015, the injured worker presented with complaints of persistent pain over the biceps tendon tenodesis site along his proximal humerus. He notes mild limited range of motion of the right shoulder and still has pain specifically over the supraspinatus tendon in terminal abduction and flexion of the right shoulder. The physical examination of the right shoulder reveals tenderness over the biceps tendon and supraspinatus tendon, restricted range of motion, and positive impingement test. The current medications are Etodolac, Ambien, and Prilosec. Previous diagnostic studies were not indicated. Treatments to date include medication management and surgical intervention. Work status is described as off work. The original utilization review (10-7-2015) had non-certified a request for Prilosec 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg 1 PO QD #30: 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 requested Prilosec 20mg 1 PO QD #30, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has persistent pain over the biceps tendon tenodesis site along his proximal humerus. He notes mild limited range of motion of the right shoulder and still has pain specifically over the supraspinatus tendon in terminal abduction and flexion of the right shoulder. The physical examination of the right shoulder reveals tenderness over the biceps tendon and supraspinatus tendon, restricted range of motion, and positive impingement test. The treating physician has not documented medication induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Prilosec 20mg 1 PO QD #30 is not medically necessary.