

Case Number:	CM15-0020431		
Date Assigned:	02/10/2015	Date of Injury:	07/17/2012
Decision Date:	04/03/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/03/2015

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 58-year-old male who reported injury on 07/17/2012. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 01/06/2015. The documentation of 12/20/2014 revealed the injured worker had been struggling to get acupuncture going. The medications included Norco and OxyContin, which brought his pain down from 10/10 to 6/10. The injured worker was noted to be more functional with it. Without, the injured worker would struggle significantly to take care of personal hygiene and household chores. The injured worker was noted to be taking Prilosec once a day, which was helpful for stomach upset from naproxen. The injured worker had decreased range of motion of the cervical spine and lumbar spine. The injured worker was noted to be status post rotator cuff repair x2 and status post cervical spine fusion C2-7. The treatment plan included Prilosec #30 with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg with 4 refills per 12/22/14: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines NSAIDs, GI and Cardiovascular risk factor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that proton pump inhibitors are recommended for the treatment of dyspepsia. The injured worker was noted to have dyspepsia secondary to NSAID therapy and the medication was noted to be helpful for the injured worker's dyspepsia. There was a lack of documentation indicating a necessity for 4 refills without re-evaluation. The request as submitted failed to indicate the frequency and the quantity of medication being requested. Given the above, the request for Prilosec 20 mg with 4 refills per 12/22/2014 is not medically necessary.