

Case Number:	CM15-0023437		
Date Assigned:	02/13/2015	Date of Injury:	11/19/1996
Decision Date:	04/06/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/09/2015

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 60-year-old female who reported an injury on 11/19/1996 due to an unspecified mechanism of injury. On 01/06/2014, she presented for a followup evaluation. She reported continued bilateral shoulder pain and bilateral wrist pain. She stated the pain was manageable. A physical examination showed no tenderness to palpation over the cervical spine, negative Spurling's test bilaterally, and negative foraminal compression test bilaterally. There was tenderness to palpation of the lumbar spine and positive Tinel's and Phalen's signs bilaterally. There was also tenderness in the bilateral dorsal thenar. She was diagnosed with cervical spine sprain and strain, bilateral carpal tunnel syndrome, lumbar spine discopathy, and psychiatric complaints with fibromyalgia. The treatment plan was for Prilosec 20 mg #60. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67-69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy and for those who are at high risk for gastrointestinal events due to NSAID therapy. The documentation provided does not indicate that the injured worker had dyspepsia secondary to NSAID therapy or that she was at high risk for gastrointestinal events due to her medication regimen. Also, the documentation provided shows that the injured worker was taking cyclobenzaprine and omeprazole. However, there is a lack of evidence showing that she taking NSAIDs. Furthermore, the frequency of the medication was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.