

<b>Case Number:</b>	CM15-0029494		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	09/21/2010
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 56-year-old female, who sustained an industrial injury on September 21, 2010. She has reported neck pain and left shoulder pain. The diagnoses have included cervical spine discopathy, left upper extremity radiculopathy, and cervical spine stenosis. Treatment to date has included medications, physical therapy, acupuncture, shoulder surgery, elbow surgery, carpal tunnel release, home exercise, and imaging studies. A progress note dated December 18, 2014 indicates a chief complaint of continued left neck and left shoulder pain. Physical examination showed cervical spine tenderness to palpation, increased muscle rigidity and decreased range of motion, decreased deep tendon reflexes and strength, and decreased range of motion of the bilateral shoulders. The treating physician is requesting a prescription for Prilosec. On January 28, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines. On February 17, 2015, the injured worker submitted an application for IMR of a request for a prescription for Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78,13 and page 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with neck pain and left shoulder pain. The treater has asked for PRILOSEC 20MG #60 on 1/29/15. Patient has been taking Prilosec since 9/3/14. The 10/1/14 report states: "The patient denies constipation, diarrhea, upset stomach, fevers, chest, pain, or recent emergency room visit." Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk, : Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, current list of medications do include an NSAID. However, the treater does not provide GI assessment to warrant a prophylactic use of an PPI. There is no documentation on the reports as to how the patient is doing with the PPI, and it's efficacy. The patient has been taking a PPI for 4 months, and the treater does not discuss why this medication should be continued. Furthermore, the patient denies an upset stomach in the 10/1/14 progress report. The request IS NOT medically necessary.