

Case Number:	CM15-0031727		
Date Assigned:	02/25/2015	Date of Injury:	08/30/2012
Decision Date:	04/06/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 55 year old male who sustained an industrial injury on 08/30/10. He reports Pain in the neck, upper back, right shoulder, right elbow and right wrist with radiation to the right arm. Diagnoses include cervicalgia, cervical spondylosis, right shoulder rotator cuff injury, and opioid dependency. Treatments to date are not specified. In a progress note dated 12/15/14 the treating provider recommends an ESI, an EMG/NCS, and medications to include Tramadol, Neurontin, Naproxen, and Prilosec. On 01/15/15 Utilization Review non-certified the Prilosec, citing MTUS guidelines.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg #60 is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are cervicalgia; cervical spondylosis; right shoulder rotator cuff injury; and opiate dependence. The documentation indicates the injured worker has a history of heartburn. The documentation does not indicate the injured worker has a history of peptic ulcer disease, G.I. bleeding or concurrent use of aspirin. Dyspepsia treatment secondary to non-steroidal anti-inflammatory drug therapy includes stopping the anti-inflammatory drug, switching to a different anti-inflammatory drug or considering an H2 blocker or proton pump inhibitor. The December 15, 2014 progress note states Prilosec was added for G.I. prophylaxis. There was no specific clinical indication enumerated in the medical record. Consequently, absent clinical documentation with a specific clinical indication for a proton pump inhibitor in the absence of risk factors for gastrointestinal events, Prilosec 20 mg #60 is not medically necessary.