

Case Number:	CM15-0034116		
Date Assigned:	03/02/2015	Date of Injury:	01/23/2009
Decision Date:	07/01/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/24/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 male who sustained an industrial injury on 01/23/2009. The injured worker was diagnosed with status post right shoulder arthroscopy (no date or procedure documented). Treatment documented includes psychological assessment and follow-ups and medications. According to the primary treating physician's progress report on October 6, 2014, the injured worker continues to experience pain in his right shoulder and knee. The injured worker rates his pain level at 7/10. The injured worker also reports headaches and difficulty sleeping. Range of motion of the right shoulder was documented at flexion 140 degrees, extension 40 degrees and abduction 15 degrees. Urine drug screening dated January 5, 2015 noted Lorazepam detected and not documented as a prescribed medication. Current medications are listed as Tramadol, Norco, Prilosec and topical lotions. Treatment plan consists of renewing six-month handicap placard, follow-ups with clinical psychologist and the current request for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: 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 and PPI Page(s): 67.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Therefore, the use of Prilosec is not medically necessary.