

Case Number:	CM15-0039882		
Date Assigned:	03/10/2015	Date of Injury:	09/17/2008
Decision Date:	04/14/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/03/2015

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: New Jersey

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:

This 37 year old female sustained a work related injury on 09/17/2008. According to the most recent progress report dated 01/07/2015, the provider noted that the injured worker had issues with sleep, stress and depression. Diagnoses included possible thoracic outlet syndrome of the right upper extremity and tenosynovitis along the forearm, wrist and hand and element of depression. The provider noted that all medications were being denied, including Flexeril, Neurontin, Naproxen, Tramadol extended release as well as Protonix; those were given as a prescription. According to a prior office visit dated 10/17/2014, the injured worker was using Tramadol, Flexeril, Neurontin, Naproxen and Protonix. Protonix was being used to treat stomach upset from taking medications.

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 non-steroidal inflammatory drugs (NSAIDs) Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was some evidence to suggest she had been using Naproxen regularly leading up to this request, however, there was no up to date medication list to confirm that she was taking any NSAID at the time of this request as it was not listed in the most recent progress note. Also, there was no evidence to suggest she was at an elevated risk for gastrointestinal events to support the chronic use of Prilosec or any other PPI. Therefore, the Prilosec will be considered medically unnecessary.