

Case Number:	CM15-0055370		
Date Assigned:	03/30/2015	Date of Injury:	07/15/2011
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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: North Carolina, Georgia
 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 61 year old female, who sustained an industrial injury on 7/15/2011. Diagnoses include multilevel disc disease with disc herniation and loss of alignment of the cervical spine, loss of lordotic curvature with actual kyphosis and osteophytes of the cervical spine, left parascapular myalgia, and thoracic spine sprain/strain, rule out disc herniation. Treatment to date has included diagnostics, medications and modified work. Per the Primary Treating Physician's Progress Report dated 1/12/2015, the injured worker reported intermittent persistent pain in the neck, mid back and left shoulder. She rates her neck pain as 4/10 and the mid back and shoulder pain as 8/10. The pain is unchanged from the previous visit and she is complaining of worsening pins and needles in her left hand and fingertips. Physical examination revealed decreased range of motion and tenderness to the cervical spine. There was tenderness to the paraspinals equally and hypertonicity in the trapezius muscles, left greater than right. There was hypertonicity, left greater than right, with tenderness and decreased range of motion of the thoracic spine. Examination of the bilateral shoulders revealed slightly decreased range of motion secondary to tightness of the trapezius and paraspinals of the thoracic spine. There was tenderness to palpation of the left shoulder between the scapula and thoracic spine. There was hypertonicity over the left trapezius muscle. The plan of care included, and authorization was requested, for injections, topical creams, and oral medications including Prilosec and Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The California MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastro-intestinal events. In this case, the medical record does not document any history to indicate a moderate or high risk for gastrointestinal events. Therefore, the request for Prilosec is not medically necessary.