

Case Number:	CM15-0088999		
Date Assigned:	05/13/2015	Date of Injury:	04/12/2004
Decision Date:	06/17/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/08/2015

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 52 year old female who sustained a work related injury April 12, 2004. Past history included bilateral bursectomy and release of IT (iliotibial) bands of bilateral hip February 2015, s/p right lateral epicondylectomy March 2007. According to a primary treating physician's progress report, dated April 15, 2015, the injured worker presented for an evaluation of bilateral hip, rated 2/10, and right elbow pain, rated 7/10. She has had 7 sessions of physical therapy thus far with approximately 3 sessions left to complete. There is tenderness to palpation over the elbows are the surgical site. She has full flexion and extension with pain. Diagnoses are documented as; intractable right lateral epicondylitis and possible irritated right posterior interosseus nerve syndrome, due to radial nerve irritation. At issue, is the request for authorization for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #30 with 2 refills: Upheld

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

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

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 antiplatelet use that would place the claimant at risk. Therefore, the continued use of Prilosec is not medically necessary.