

Case Number:	CM15-0089168		
Date Assigned:	05/13/2015	Date of Injury:	06/20/2014
Decision Date:	06/22/2015	UR Denial Date:	04/14/2015
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: 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 37 [REDACTED] year old male, who sustained an industrial injury on 06/20/2014. The initial complaints or symptoms included neck, right shoulder and low back pain/injury due to a motor vehicle accident. Documented treatments and diagnostic testing to date has included conservative care, medications, diagnostic imaging, laboratory testing, EKG, echocardiogram stress test, bilateral carotid vascular ultrasound, pulmonary function test, physical therapy, acupuncture, and chiropractic manipulation. Currently (04/06/2015), the injured worker complains of right shoulder pain rated 2/10, and lumbar spine pain rated 5/10. There were no changes since last treatment, and there were no complaints of gastric issues. In an earlier pre-operative clearance exam (04/02/2015), the injured worker denied any abdominal pain, nausea, vomiting or diarrhea. Current medications consist of ibuprofen for which the injured worker as advised to stop 10 days prior to his upcoming surgery. The diagnoses include right shoulder strain/sprain, right rotator cuff tear (partial thickness), lumbar strain/sprain, osteosclerosis at L5-S1, retrolisthesis, lumbar disc extrusion and nerve root impingement, and gastrointestinal upset due to medications. The request for authorization included Prilosec 20 mg one per day #30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg 1 by mouth everyday #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs).

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 one PO daily #30 with one refill is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal 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 nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are right shoulder sprain/strain, partial thickness rotator cuff tear, labral tear and acromioclavicular OA.; lumbosacral spine sprain/strain, osteosclerosis at L5-S1 and retrolisthesis L5-S1 and disc extrusion; and root impingement; gastrointestinal upset with medications. November 19, 2014 progress note shows the injured worker has complaints of right shoulder pain. Naprosyn was started, but caused dizziness and was discontinued. The injured worker was started on ibuprofen and Prilosec (the latter drug for G.I. upset). In a progress note dated April 1, 2015, the injured worker was advised stop ibuprofen for anticipated upcoming surgery (arthroscopy of the affected shoulder). Ibuprofen was discontinued and subsequently Prilosec should be discontinued. Consequently, absent clinical documentation to support ongoing use of proton pump inhibitors with a discontinuation of nonsteroidal anti-inflammatory drugs, Prilosec 20 mg one PO daily #30 with one refill is not medically necessary.