MAXIMUS Federal Services

Case Number:	CM15-0235623		
Date Assigned:	12/11/2015	Date of Injury:	01/15/2014
Decision Date:	01/14/2016	UR Denial Date:	11/30/2015
Priority:	Standard	Application Received:	12/02/2015

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
Certification(s)/Specialty: Emergency 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 30 year old female, who sustained an industrial injury on 01-15-2014. She has reported injury to the neck, shoulders, upper extremities, and thoracic spine. The diagnoses have included cervicalgia; cervicobrachial syndrome; pain in unspecified shoulder; and carpal tunnel syndrome. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, acupuncture, trigger point injections, cervical facet blocks, chiropractic therapy, and physical therapy. Medications have included Norco, Naproxen, Gabapentin, Baclofen, and Protonix. A progress note from the treating physician, dated 11-06-2015, documented a follow-up visit with the injured worker. The injured worker reported neck, shoulder, and right upper extremity pain; she has spasm and muscle tension in this area, with intermittent severe cramping; she has radiation of pain into the right upper extremity; she has numbness and tingling in the right hand in the third, fourth, and fifth digits, but the right shoulder symptoms are the most bothersome to her ; she has not been able to sleep much due to her pain waking her up; she uses the TENS unit frequently on the right shoulder which helps with some pain; it will reduce her pain from 10 out of 10 in intensity on the visual analog scale down to a 7 out of 10 in intensity; she did not get the Protonix and she was having a lot of stomach upset and burning; the burning went up to her throat; she thinks that the Hydrocodone may be causing the gastrointestinal upset; however, she never noticed this before because she was taking the Protonix at the same time as the Hydrocodone in the past; and once she did not have the Protonix it was much more noticeable. Objective findings included she is alert and oriented; she is anxious, in pain, and tearful; right shoulder range of motion is limited;

paravertebral muscles of the spine of the right side shows tenderness, hypertonicity, and trigger point on deep palpation; trapezius muscles on the right shows tenderness, hypertonicity, and trigger point on deep palpation; and right side sensation to light touch is diminished in the fourth and fifth digits of the right hand. The treatment plan has included the request for Prilosec DR 20mg #60. The original utilization review, dated 11-30-2015, non-certified the request for Prilosec DR 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec DR 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is not high risk for GI bleeding. UR approved naproxen recently. Patient had stomach upset with Norco but no documentation of any prior dyspepsia with NSAIDs. There is no indication of PPI in patient with no dyspepsia and not increased risk for GI bleed. It is not appropriate to just initiated PPI on a patient that does not meet criteria since PPIs has associated risks including increased risk for B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia and cancer; and more recently adverse cardiovascular effects. Prilosec/Omeprazole is not medically necessary.