

Case Number:	CM14-0112201		
Date Assigned:	08/01/2014	Date of Injury:	05/25/2007
Decision Date:	09/29/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/17/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63-year-old female who has submitted a claim for left knee pain, right hand pain, neck pain, and right shoulder pain associated with an industrial injury date of 05/25/2007. Medical records from 12/05/2012 to 07/17/2014 were reviewed and showed that patient complained of right upper extremity pain graded 7/10, left knee pain graded 3-9/10, right hand pain graded 5-9/10, and neck pain. The patient complained of GI upset (07/17/2014) such as constipation (05/22/2014) from use of medications. Physical examination revealed tenderness over cervical paraspinal muscles and right upper trapezius, edema over the left knee with crepitation, decreased right shoulder ROM and full left knee ROM, and mildly positive Tinel's and Phalen's tests on the right hand with good grip strength. X-ray of the right hand dated 02/24/2012 revealed degenerative changes in multiple joint spaces particularly the first digit. EMG of bilateral upper extremities dated 03/13/2012 revealed mild ulnar neuropathy. Treatment to date has included total left knee replacement (10/27/2010), right shoulder arthroscopic acromioplasty, Mumford, extensive debridement of partial rotator cuff tear, humeral head, and labral tear 09/25/2013, Prilosec 20mg (quantity not specified; prescribed since 12/05/2012), and pain medications. Utilization review dated 06/23/2014 denied the request for Prilosec 20mg #60. The rationale was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk factors Page(s): 68.

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

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be started with proton pump inhibitor. In this case, the patient was prescribed Prilosec 20mg (quantity not specified) since 12/05/2012. There was documentation of GI upset (07/17/2014) such as constipation (05/22/2014) from use of medications. The medical necessity for proton pump inhibitor prophylaxis has been established. Therefore, the request for Prilosec 20mg #60 is medically necessary.