

Case Number:	CM14-0113007		
Date Assigned:	08/04/2014	Date of Injury:	11/12/2009
Decision Date:	09/29/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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 & 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 injured worker is a 67-year-old female who reported an injury 11/12/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 06/06/2014, indicated diagnoses of history of lumbar fusion, chronic lumbar pain with radiculopathy, chronic cervical pain, bilateral shoulder tendinitis and rotator cuff tear, bilateral CMC arthritis with wrist tendinosis, carpal tunnel syndrome, right hip bursitis, right knee tendinitis and history of TMJ syndrome. The injured worker reported low back pain associated with lower extremity numbness, tingling and weakness, neck pain and shoulder pain with difficulty doing much activity above shoulder level. The injured worker complained of hands and wrists, as well as right knee and right hip pain. On physical examination there were no signs of sedation. The injured worker had spasms and tenderness over the lower lumbar spine with decreased range of motion. The examination of the wrists revealed positive Phalen's and Tinel's signs. The clinical note dated 07/18/2014, indicated the injured worker was to continue modified duties as noted in last visit. The prior treatments included diagnostic imaging and medication management. The medication regimen included Tramadol and Prilosec. The provider submitted a request for Prilosec. The Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs, GI symptoms and cardiovascular risk. Proton pump inhibitors.

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

Decision rationale: The request for Prilosec 20mg, #30 is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had gastrointestinal bleeding, perforations or ulcers. In addition, there is lack of documentation of efficacy and functional improvement with the use of the Prilosec. Furthermore, the request does not indicate a frequency. Therefore, the request for Prilosec is not medically necessary.