

Case Number:	CM14-0114129		
Date Assigned:	08/04/2014	Date of Injury:	04/02/2012
Decision Date:	10/16/2014	UR Denial Date:	07/08/2014
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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 58-year-old who reported injury on April 2, 2012. The mechanism of injury was not specified. He has been diagnosed with thoracic sprain/strain, residuals of right shoulder arthroscopic surgery. His past treatments include chiropractic therapy, physical therapy, medications and a home exercise program. He is status post right rotator cuff repair on July 3, 2012. The June 25, 2014 clinical note indicated complaints of the right upper back being inflamed/sore after chiropractic therapy. Additional complaints were associated with activity and repetitive movement of lifting 45 pounds that included aching, stabbing in the upper/mid back, pain and heaviness; his pain is also experienced with reaching, prolonged grabbing, grasping, pushing, pulling and overhead reaching. Medications included Tramadol 50mg, Prilosec, Naproxen 550mg and Mentherm ointment. The treatment plan included prescribing Tramadol 50mg, Prilosec, Naproxen 550mg and Mentherm ointment. The Request for Authorization form for Prilosec OTC was dated June 26, 2014. The rationale for the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec OTC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): Page 102.

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

Decision rationale: The request for Prilosec over the counter is not medically necessary. The injured worker has a history of thoracic sprain/strain and right rotator cuff repair. The California MTUS guidelines recommend Prilosec for those taking NSAIDs who are at increased risk for gastrointestinal events or for those with dyspepsia secondary to NSAID therapy. The injured worker's complaints noted back pain, difficulty reaching and grabbing. It was not indicated in his physical exam of any nausea, vomiting or stomach discomfort. Therefore, the need for ongoing use of Prilosec cannot be established as there is a lack of clear evidence of gastrointestinal events. Furthermore the dosage and frequency of Prilosec was not provided. Based on the lack of documentation detailing a clear indication for use of Prilosec, the request is not supported at this time. As such, the request for Prilosec OTC is not medically necessary or appropriate.