

<b>Case Number:</b>	CM14-0131322		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 60-year-old female who reported an injury on 05/17/2011. The mechanism of injury was not provided. The injured worker had diagnoses of right carpal tunnel syndrome, right shoulder pain and dysfunction, cervical spinal strain, and lumbar spinal strain. Past medical treatment included medications, physical therapy, and surgery. Diagnostic testing was not provided. The injured worker underwent right shoulder arthroscopy with intra-articular debridement of partially torn biceps tendons with biceps tenotomy on 04/10/2014. The injured worker complained of constant, moderate, sharp, stabbing neck pain, which was aggravated by sudden movement, and looking up and down on 06/11/2014. The physical examination revealed cervical range of motion was decreased and painful with flexion of 45/50, extension of 55/60, left lateral bending of 40/45, right lateral bending of 40/45, left rotation of 70/80, and right rotation of 70/80. The physical examination also revealed +3 tenderness to palpation of the cervical paravertebral muscles, bilateral trapezii, left trapezius, and right trapezius. Medications included ibuprofen 800 mg, Flexeril 7.5 mg, Prilosec 20 mg, and Mentherm cream. The treatment plan was for Prilosec 20 mg #30. The rationale for the request was not submitted. The Request for Authorization form was submitted on 06/11/2014.

### 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 NSAIDS, GI Symptoms and cardiovascular risk Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI use with NSAIDS Page(s): 68.

**Decision rationale:** The injured worker complained of constant, moderate, sharp, stabbing neck pain which was aggravated by sudden movement, and looking up and down on 06/11/2014. The California MTUS guidelines recommend the use of a proton pump inhibitor (such as Prilosec) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is a lack of documentation indicating that the injured worker has a history of gastrointestinal bleeding, perforation, or peptic ulcers. The injured worker is prescribed an NSAID medication; however, there is a lack of documentation indicating the injured worker has significant gastrointestinal symptoms related to the medication. There is a lack of documentation indicating the injured worker has significant improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore the request for Prilosec 20mg #30 is not medically necessary.