MAXIMUS Federal Services

Case Number:	CM14-0142938		
Date Assigned:	09/10/2014	Date of Injury:	02/24/2012
Decision Date:	10/27/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational Medicine 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 claimant was injured on 02/24/12. Prilosec is under review. She reported an injury from repetitive job duties and was diagnosed with right shoulder impingement syndrome and reports persistent left shoulder and left knee pain. She received a shoulder injection in May 2014 with only 30-50% relief. She has been prescribed Prilosec along with Cyclobenzaprine and Tramadol. She was doing some home exercises. On 01/15/14, injections were recommended. On 04/7/14, she reported about 20% relief after the injection. There is no mention of any gastrointestinal complaints. On 05/05/14, she reported about 50% improvement after the injection and was taking anti-inflammatories. Arthroscopic surgery was being recommended. There is no mention of gastrointestinal problems. There is a note dated 07/10/14 that indicates that Prilosec was ordered as a gastrointestinal protective agent associated with the necessity stronger anti-inflammatory medications. It was being recommended prophylactically.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Pages 111-113 and 68, 83.

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

Decision rationale: The history and documentation do not objectively support the request for Prilosec 20mg #120. The MTUS state regarding PPIs, "patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation of a history of or current gastrointestinal symptoms or diagnoses or any documented increased risk to the gastrointestinal tract to support the use of this medication. The medical necessity of the request for Prilosec 20 mg #120 has not been clearly demonstrated. This request is not medically necessary.