MAXIMUS Federal Services

Case Number:	CM14-0144557		
Date Assigned:	09/12/2014	Date of Injury:	05/21/2014
Decision Date:	10/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/05/2014

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 Internal 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 patient is a 58-year-old male with a date of injury on 05/21/2014 when lifting a heavy box overhead. He has had treatment with physical therapy and with medication. Initially, ibuprofen was used but it was causing headaches per the notes. The patient is now taking Naproxen and no reports of side effects. He is reported to have had 'gastritis' in the past. Physical therapy has been employed with some improvement. Initial X-ray on 05/28/2014 was normal without fracture or dislocation. MRI performed on 08/01/2014 shows rotator cuff and labral damage. The plan is for arthroscopic repair at this point. Initial ultrasound guided cortisone injection done on 07/01/2014 gave some relief that was limited. Fluoroscopy was also used at the time of injection on 07/01/2014. The request is for Prilosec and fluoroscopic X-ray left shoulder retrospective 07/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.drugs.com/pro/prilosec.htmlIndications and Usage for Prilosec

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and CV risk Page(s): 68-69.

Decision rationale: MTUS guidelines for high-risk gastrointestinal (GI) precautions in patients who meet the following criteria: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. This patient does not meet any of these criteria. Although it is reported he had 'gastritis' in the past. There is no documentation that he is having GI symptoms currently or GI side effects from either the original ibuprofen used or now the naproxen. Guidelines have not been met to add proton pump inhibitor (PPI) medication (Prilosec) to his use of non-steroidal anti-inflammatory drugs (NSAID) and the current request is not medically necessary.

Fluoroscopy X-ray for Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines shoulder complaints Page(s): 207-209.

Decision rationale: MTUS guidelines for shoulder complaints include x-ray evaluation. ODG is similar for x-ray at initial injury to rule out fracture or dislocation. Initial X-ray was performed at the date of injury and was negative. The patient has had no new trauma or new pain on exam or history and had a cortisone injection by ultrasound done on 7/1/2014. It is not clear why fluoroscopy was done also during this procedure but there is no indication for repeat x-ray based on the data provided and does not meet guideline criteria for new x-ray. As such, the fluoroscopic x-ray performed on 07/01/2014 is not medically indicated.