

Case Number:	CM14-0145790		
Date Assigned:	09/12/2014	Date of Injury:	04/22/2006
Decision Date:	10/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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 and Rehabilitation and is licensed to practice in California and Washington. 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 57-year-old male who reported an injury on 04/22/2006. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical sprain/strain, bilateral shoulder sprain/strain, bilateral carpal tunnel syndrome, and right carpal tunnel release. Past medical treatment consists of carpal tunnel release, physical therapy, and medication therapy. Medications listed are Ultram, Prilosec, and Ambien. On 08/08/2014, the injured worker complained of cervical spine pain. Physical findings revealed that the pain rate was 7/10. The injured worker was tender to palpation at the cervical spine with spasm. It was noted that the injured worker had a positive cervical spine compression test. On examination, the injured worker was also revealed to have tenderness to palpation of the shoulders bilaterally. Range of motion was decreased bilaterally. It was noted that there was a positive impingement sign bilaterally. Muscle strength was rated at a 5/5. There was a positive Tinel's bilaterally. The treatment plan is for the injured worker to continue the use of Prilosec 20mg. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of prilosec 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System.

Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12p.

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

Decision rationale: The request for 1 Prescription of Prilosec 20mg #30 is not medically necessary. The California MTUS Chronic Pain Guidelines state that proton pump inhibitors (PPIs) may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAID medication who have cardiovascular disease or significant risk factors for gastrointestinal events. There was no indication in the submitted report that the injured worker was taking any type of NSAID. Additionally, there was no indication that the injured worker had complaints of dyspepsia with the use of medication, cardiovascular disease, or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence-based guidelines. Additionally, the request failed to indicate a frequency of the medication. As such, the request for 1 Prescription of Prilosec 20mg #30 is not medically necessary.