

Case Number:	CM14-0148263		
Date Assigned:	09/18/2014	Date of Injury:	04/25/2014
Decision Date:	11/10/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/11/2014

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 male who reported injury on 04/25/2014. The mechanism of injury was not provided for this review. The medical records were reviewed. The injured worker's treatment history included MRI studies, medications, and cortisone injections. The injured worker was evaluated on 09/02/2014, and it was documented the injured worker complained of continued right shoulder pain, despite the use of anti-inflammatories, analgesics, cortisone injections, and activity modification. The injured worker stated he was having difficulty tolerating Anaprox because of GI bleeding. Physical examination of the cervical spine revealed there was tenderness over the midline. No tenderness over the left and right paraspinal musculature. No tenderness over the trapezius or sternocleidomastoid. Forward flexion was 0 to 40 degrees. Extension was 0 to 45 degrees. Left rotation was 0 to 55 degrees, and right rotation was 0 to 55 degrees. Left and right later side bending was 0 to 45 degrees. Negative Spurling's signs for stenosis. Negative foraminal compression test. Negative Adson's test for subclavian compression. Negative Roos test for thoracic outlet syndrome. Physical examination of the right shoulder revealed tenderness over the anterior rotator cuff. Moderate tenderness over the AC joint. Tender over the proximal biceps. Flexion was 0 to 140 degrees. Abduction was 0 to 120 degrees. External rotation was 0 to 20 degrees, and internal rotation to L4. There was a positive impingement sign. Positive Hawkins sign. Resisted flexion testing with the arm in supination caused significant referred pain in the bicipital interval. Drop arm sign produces pain and weakness. The diagnoses included anterior lead edge tearing of the rotator cuff, right degenerative superior labral tear, and proximal biceps disruption confirmed on MRI. Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: The request is not medically necessary. According to the MTUS Chronic Pain Medical Treatment Guidelines, Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation submitted did indicate the injured worker having gastrointestinal bleeding events however, the provider failed to indicate the frequency and duration of medication on the request that was submitted. As such, the request for Prilosec 20 mg, #60 is not medically necessary.