

Case Number:	CM14-0148785		
Date Assigned:	09/18/2014	Date of Injury:	03/18/2011
Decision Date:	10/29/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/12/2014

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 51-year-old male who reported an injury on 03/18/2011. The mechanism of injury involved a fall. Current diagnoses include left shoulder labral tear, cervical sprain/strain, cervical radiculopathy, diabetes, hearing loss, and uncontrolled hypertension. Previous conservative treatment is noted to include medications, physical therapy, and home exercise. The latest physician progress report submitted for this review is documented on 04/18/2014. The physical examination revealed decreased range of motion of the left shoulder, weakness, tenderness, and spasm of the cervical and trapezius muscles, decreased cervical range of motion, diminished strength in the left upper extremity, and decreased sensation to pinprick along the left medial hand. Treatment recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form 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 DR 20mg, qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 64, 69.

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

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. Therefore, the injured worker does not currently meet criteria for the requested medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.