

<b>Case Number:</b>	CM14-0178889		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	01/03/2012
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 injured worker (IW) is a 54-year-old male with a date of injury of January 3, 2012. The mechanism of injury is not documented in the medical record. Pursuant to the progress note dated September 30, 2014, the IW complains of persistent pain in the neck and back. The pain is rated 8/10. The shoulder pain is 9/10 and worsening. He has numbness in the shoulder as well as the arm, down into his fingers. The pain is better with rest and medications. The pain is worse with activities. Physical examination revealed decreased cervical spine range of motion. There was tenderness over the paraspinals and trapezius muscles, left greater than right. Examination of the lumbar spine revealed decrease ROM. Kemp's test was positive bilaterally. Deep tendon reflexes were 2+ at the patellar and Achilles tendons bilaterally. Examination of the left shoulder revealed decrease ROM with flexion 30 degrees and abduction 20 degrees. Neer's impingement and Hawkins' impingement were positive. Drop arm test was positive. The IW was diagnosed with status post blunt head trauma, cervical strain, lumbar sprain, status post left shoulder arthroscopy, left shoulder adhesive capsulitis, history of depression and anxiety, and partial tear in the supraspinatus tendon along with significant adhesive capsulitis. The IW is using Diclofenac/Lidoderm cream, Tylenol #3, and Prilosec. Treatment plan includes: request for authorization for EMG/NCV of the bilateral upper extremities, request authorization for consultation with [REDACTED] as recommended by [REDACTED] on August 29, 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, NSAID, GI Effects,

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated when concurrent non-steroidal anti-inflammatory drugs are being prescribed and the injured worker is at risk for gastrointestinal events. Risk factors include, but are not limited to, age greater than 65 years; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, corticosteroids or anticoagulants; and high dose/multiple non-steroidal anti-inflammatory drugs. In this case, there is no documentation supporting the use of proton pump inhibitors. The injured worker does not have a history of peptic disease, G.I. bleeding, concurrent use of aspirin or multiple non-steroidal anti-inflammatory drug use. Consequently, Prilosec is not medically necessary. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, Prilosec is not medically necessary.

**Consultation and treatment with [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, Page 127 Official Disability Guidelines (ODG); Pain Chapter, Office Visit

**Decision rationale:** Pursuant to the ACOEM and Official Disability Guidelines, the decision for consultation and treatment with [REDACTED] is not medically necessary. The guidelines recommend specialist consultations for specifically identified individuals for diagnostic and/or therapeutic interventions. In this case, there was a request for authorization for consultation with [REDACTED] as recommended by another physician treating for the injured worker on August 29, 2014. There was no rationale or explanation as to what the referral/consultation was for. The injured worker's diagnoses were status post blunt head trauma, cervical sprain, lumbar sprain, status post left shoulder arthroscopy, left shoulder adhesive capsulitis, left wrist strain, history depression and anxiety, gastric difficulties. Consequently, in the absence of the appropriate documentation indicating the rationale for the referral, the consultation and treatment is not medically necessary.