

Case Number:	CM15-0012544		
Date Assigned:	01/30/2015	Date of Injury:	03/18/2011
Decision Date:	03/18/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 46 year old male, who sustained an industrial injury on 03/18/2011. He has reported neck and upper extremity pain. The diagnoses have included cervicgia, cervical spinal stenosis, and brachial plexus lesions. Treatment to date has included medications and physical therapy. A progress note from the treating physician, dated 12/26/2014, documented a follow-up visit with the injured worker. The injured worker reported pain in the neck and left shoulder. Objective findings included decreased range of motion at left shoulder; and altered posture due to left shoulder depression, internal rotation of the left shoulder. The treatment plan has included continuation of medications as prescribed; request for continuation of physical therapy; and follow-up evaluation as scheduled. On 01/07/2015 Utilization Review non-certified a prescription for Prilosec 20 mg #30. The CA MTUS, was cited. On 01/12/2015, the injured worker submitted an application for IMR for review of a prescription for Prilosec 20 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Prilosec is not medically necessary.