

Case Number:	CM15-0017450		
Date Assigned:	02/05/2015	Date of Injury:	05/14/2014
Decision Date:	03/27/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/29/2015

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: Florida, New York, Pennsylvania
 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 female who sustained an industrial injury on May 14, 2014. She has reported hitting her right back against a railing. The diagnoses have included a mechanical fall on May 14, 2014, right hip traumatic trochanteric bursitis, moderate tendinosis at the gluteus medius, anterior superior labral tear, right lower thoracic region strain, history of left knee injury, and progressive myofascial tender points, rule out fibromyalgia. Treatment to date has included x-rays, MRI, work modifications, physical therapy, and pain, muscle relaxant, non-steroidal anti-inflammatory, and proton pump inhibitor medications, On December 10, 2014, the treating physician noted moderate to severe back pain, which radiated to the coccyx. Associated symptoms included swelling, burning pain, numbness, tingling, warmth, mass/lump, and tenderness. The pain is rated 3-10 on a 1-10 scale. Medications, rest, and heat improved the pain. Current medications included an analgesic and proton pump inhibitor. The physical exam revealed tenderness of the cervical, thoracic, and lumbar spine with limited range of motion of the cervical and lumbar spine. Bilateral shoulders had subacromial space, trapezium, and clavicle tenderness, the right side was worse than the left. There was tenderness of bilateral elbow tenderness, bilateral hip tenderness at the lateral trochanteric region, and bilateral knee tenderness. The treatment plan included pain and proton pump inhibitor medications. On December 31, 2014 Utilization Review non-certified a prescription Prilosec prn (as needed) #60 with 1 refill, noting the lack of documentation of a history of or high risk for medication induced gastritis that would necessitate the use of a proton pump inhibitor medication. The California

Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec PM quantity 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): (s) 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Part 2 Page(s): 68,78,79.

Decision rationale: The available medication list does not include traditional medications known for their associated risk for gastritis. It does not appear that the patient has suffered from medically induced gastritis nor does there appear to be any evidence to support the contention. There is no specific assessment for GI risk stratification as well as the proposed suspect agent. Specifically the member does not have an NSAID as a part of their medication list. There is no information that can adequately illuminate or support the request. The UR Non-Cert is supported.