

Case Number:	CM15-0019311		
Date Assigned:	02/09/2015	Date of Injury:	09/23/2013
Decision Date:	03/25/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/03/2015

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: Ohio, North Carolina, Virginia
 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:

This 48 year old woman sustained an industrial injury on 9/23/2013 due to repetitive movements. Current diagnoses include left shoulder bicep tear, left shoulder tendinosis, left shoulder acromioclavicular arthrosis, and right elbow lateral epicondylitis. Treatment has included oral medication, left shoulder steroid injection, six physical therapy sessions, six acupuncture sessions, and over twenty chiropractic sessions. Physician notes dated 1/28/2015 show complaints of left shoulder, right elbow, and right arm pain. Recommendations include post-operative sling, medication refills, ice therapy with cold compression for three weeks, post-operative physical therapy, pre-operative laboratory testing, medicine consultation for pre-operative clearance, and left shoulder arthroscopy. Requests were sent for authorization of the above. On 1/30/2015, Utilization Review evaluated a prescription for Prilosec 20 mg #60, that was submitted on 2/3/2015. The UR physician noted the worker does have a history of gastric complaints, however, she was taking up to four Omeprazole per day without symptom relief. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms, and cardiovascular risk Page(s): 69.

Decision rationale: For the treatment of dyspepsia secondary to NSAID therapy, the guidelines recommend stopping the NSAID, switching to a different NSAID, or considering H2-receptor antagonists or a proton pump inhibitor such as Prilosec. In this instance, it would appear the injured worker has residual gastritis or reflux as a consequence of previous NSAID treatment or from current opioid treatment with Norco. Gastritis can certainly persist beyond the treatment period with NSAIDs. Therefore, Prilosec 20mg #60 is medically necessary.