

Case Number:	CM15-0111667		
Date Assigned:	06/18/2015	Date of Injury:	10/01/2014
Decision Date:	07/17/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 43 year old female, who sustained an industrial injury on October 1, 2014 while working as a packer. The injury occurred while the injured worker was lifting a heavy box which slipped and she tried to grab the box. The injured worker has been treated for neck, back and left upper extremity complaints. The diagnoses have included disorders of the bursae and tendons in the shoulder unspecified, left shoulder impingement, lateral epicondylitis, cervicgia and lumbago. Treatment to date has included medications, radiological studies, MRI and chiropractic treatments. Current documentation dated April 15, 2015 notes that the injured worker reported neck, back and left shoulder and left elbow pain with radiation to the arm. Associated symptoms include tingling in the left arm and legs and numbness and weakness in the left arm. The pain was rated a seven out of ten on the visual analogue scale. Examination of the left shoulder revealed a decreased range of motion and a positive Hawkin's test. Examination of the left elbow revealed a full range of motion, tenderness over the lateral epicondyle and a negative Tinel's test. Lumbar spine examination revealed tenderness to palpation over the paraspinal muscles and a decreased range of motion. A straight leg raise test and facet loading maneuver were negative. The treating physician's plan of care included a request for retrospective Prilosec 20 mg # 60 to decrease the risk of gastrointestinal irritation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications; NONSELECTIVE NSAIDS; NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Acute & Chronic) Chapter, Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

Decision rationale: This claimant was injured in 2014 lifting a heavy box. There is pain in the neck, back and left upper extremity. There has been extensive conservative treatment. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary based on MTUS guideline review.