

Case Number:	CM15-0115655		
Date Assigned:	06/24/2015	Date of Injury:	05/28/2009
Decision Date:	07/22/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/16/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 50 year old female who sustained an industrial injury on 05/28/2009. The injured worker was diagnosed with cervical sprain/strain with C5-C6 discopathy and left sided radiculopathy, left shoulder impingement syndrome, left shoulder tendinosis, right knee contusion with chondromalacia, gastrointestinal (GI) disorder and sleep disturbance. Treatment to date has included diagnostic testing, steroid injections to the left shoulder, cervical epidural steroid injection, Toradol intramuscularly and medications. According to the primary treating physician's progress report on May 8, 2015, the injured worker continues to experience neck pain radiating to the left upper extremity and rated as 6-7/10 on the pain scale. The injured worker also reports burning pain in the right knee rated at 6/10. Examination of the cervical spine demonstrated midline tenderness, spasm and tightness in the paracervical musculature. Spurling's maneuver is positive on the left with mildly reduced range of motion. There is difficulty with chin to chest flexion and bilateral rotation. Neurovascular was intact. The left shoulder examination revealed scapular tenderness and spasm. The acromioclavicular joint and lateral deltoids were tender. No crepitus was noted. Painful reduced range of motion was documented with pain elicited with force flexion and abduction against resistance. There was tenderness noted to the infra-patellar area and bilateral joint line. There was no edema, inflammation or laxity noted. Current medications are listed as transdermal creams. Treatment plan consists of pain management for cervical epidural steroid injection and the current request for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 with 2 refills: Upheld

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 Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec (Omeprazole) 20mg #60 with 2 refills is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are cervical sprain strain syndrome with C-5 C6 discopathy and left sided radiculopathy; left shoulder impingement syndrome; left shoulder tendinosis; right knee contusion with chondromalacia; gastrointestinal disorder; sleep disturbance. The most recent progress note in the medical record dated May 8, 2015 (and a prior progress note dated December 17, 2014) show the injured worker does not take any oral medications other than omeprazole (Prilosec). The injured worker uses topical analgesics, but does not take any opiate for controlled substances. The documentation states the injured worker has an upset stomach and receives omeprazole for the upset stomach. The documentation does not explain what an "upset stomach" is. There is no documentation indicating a history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. There is no clinical indication or rationale for ongoing Prilosec 20 mg. Prilosec 20 mg indicated once daily. The request for authorization states Prilosec 20 mg #60. This translates to a one-month supply b.i.d. Consequently, absent clinical documentation with a clinical indication and rationale for Prilosec, comorbid conditions or past medical history of relevant GI events, Prilosec (Omeprazole) 20mg #60 with 2 refills is not medically necessary.