

Case Number:	CM15-0063616		
Date Assigned:	04/09/2015	Date of Injury:	03/07/2005
Decision Date:	05/22/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/03/2015

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: California
 Certification(s)/Specialty: Emergency 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 53 year old female, who sustained an industrial injury on 3/7/05. She reported tingling and numbness of both hands, especially the right hand. The injured worker was diagnosed as having right shoulder pain, chronic pain and status post right shoulder surgery x 3. Treatment to date has included bilateral wrist surgery, physical therapy, right suprascapular nerve block, TENS unit and acupuncture. Currently, the injured worker complains of neck pain with radiation down right upper extremity, low back pain with radiation down the right lower extremity and right shoulder pain accompanied by numbness and tingling. She rates the pain as 10/10 with or without medications. The injured worker noted moderate improvement following right suprascapular nerve block. Physical exam noted well healed scars of right shoulder with tenderness on palpation at right scapula, right long head biceps, right rotator cuff, right acromioclavicular joint, right anterior shoulder and right posterior shoulder with decreased range of motion due to pain. The treatment plan included continuation of home exercise program, follow up appointment and continuation of oral medications including Percocet, Norco, Prilosec and Anaprox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on anaprox. There are no dyspepsia complaints. Patient is not high risk for GI bleeding. Pt does not meet any MTUS criteria to recommend prilosec. Prilosec/Omeprazole is not medically necessary.