

Case Number:	CM15-0063755		
Date Assigned:	04/09/2015	Date of Injury:	06/09/2014
Decision Date:	05/15/2015	UR Denial Date:	03/26/2015
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: Physical Medicine & Rehabilitation

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 56 year old male, who sustained an industrial injury on June 9, 2014, injuring his hands and fingers after getting electrocuted. He was diagnosed with a left index, long and ring finger joint sprain and a left long finger joint avulsion fracture. Treatment included physical therapy and occupational therapy, splinting, cold therapy program, pain medications and activity modification. In December, 2014, he was also diagnosed with a rotator cuff tear. Currently, the injured worker complained of decreased range of motion of the hand, forearm and shoulder. The treatment plan that was requested for authorization included a prescription for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 265, Chronic Pain Treatment Guidelines Page(s): 68, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter, Physical/Occupational Therapy.

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

Decision rationale: The injured worker is a 56 year old male, who sustained an industrial injury on June 9, 2014, injuring his hands and fingers after getting electrocuted. He was diagnosed with a left index, long and ring finger joint sprain and a left long finger joint avulsion fracture. Treatment included physical therapy and occupational therapy, splinting, cold therapy program, pain medications and activity modification. In December, 2014, he was also diagnosed with a rotator cuff tear. Currently, the injured worker complained of decreased range of motion of the hand, forearm and shoulder. The treatment plan that was requested for authorization included a prescription for Prilosec. Based on the 2/12/15 progress report provided by the treating physician, this patient presents with pain in his bilateral shoulders and left hand. The treater has asked for PRILOSEC 20MG #60 on 2/12/15. The request for authorization was not included in provided reports. The patient's shoulder pain radiates sporadically to the elbow, with no numbness/tingling, and left hand/wrist pain that worsens with gripping, and is localized with constantly numbness/tingling per 2/12/15 report. The patient's current medications is OTC Advil with no other prescribed medications per 2/12/15 report. The patient underwent an MRI of the bilateral shoulders which reveal a rotator cuff tear, bilaterally, for which surgery is being recommended per 2/12/15. The patient had 11 sessions of physical therapy with some improvement in ROM per 10/9/14 report. The patient is currently working with restrictions per 2/12/15 report. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Treater has not provided reason for the request. There is no documentation of prior use of Prilosec, per review of reports. It appears Prilosec is being initiated with OTC Advil, per progress report dated 2/12/15. MTUS allows PPI for prophylactic use along with oral NSAIDs when appropriate GI risk is present. Review of medical records do not show evidence of gastric problems, and there is no mention of GI issues to support the use of Prilosec. Given lack of documentation as required by guidelines, the request IS NOT medically necessary.