

Case Number:	CM15-0066033		
Date Assigned:	04/13/2015	Date of Injury:	08/29/2014
Decision Date:	05/20/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/07/2015

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 48 year old female injured worker suffered an industrial injury on 08/29/2014. The diagnoses included musculoligamentous strain of the cervical and lumbosacral spine. The diagnostics included x-rays of the neck, shoulders left upper arm, left elbow left hand/wrist, lower back, let knee, left foot and left ankle. The injured worker had been treated with medications. On 2/12/2015the treating provider reported cervical spine pain that is ongoing and worsening 10/10 with numbness and tingling radiating to the left shoulder left arm, left elbow and hand/wrist. The thoracic and lumbar spine had pain 5/10 with radiation to the left buttock and left leg, foot and toes. The treatment plan included Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 tablets with refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: The patient was injured on 08/29/14 and presents with left knee pain, right knee pain, left neck pain, headaches, left shoulder pain, left elbow pain, and left wrist pain. The request is for Prilosec 20 Mg #60 Tablets with Refills. There is no RFA provided and the patient is temporary totally disabled. MTUS Guidelines page 60 and 69 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High-dose/multiple NSAID. MTUS page 69 states: NSAIDs, GI symptoms, and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. She has a mildly decreased cervical spine range of motion, tenderness to palpation on her left elbow, tenderness to palpation over the first and second extensor of her left wrist, a decreased/painful lumbar spine range of motion, tenderness to palpation of the lumbar spine, tenderness to palpation of the left buttock, tenderness to palpation of the left outer hip, and tenderness with mild swelling of the left knee. As of 03/19/15, the patient is taking Anaprox and Prilosec. In this case, the patient is not over 65, does not have a history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. Therefore, the requested Prilosec is not medically necessary.