

Case Number:	CM15-0068772		
Date Assigned:	04/16/2015	Date of Injury:	10/22/2012
Decision Date:	05/15/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/10/2015

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 51 year old female with an industrial injury dated 10/22/2012. Her diagnoses are Cervicalgia and headaches. Prior treatments included medications and diagnostics to include MRI of cervical spine. She presents on 02/19/2015 with complaints of head, neck, and upper back and right shoulder pain. She rates the pain as 8/10. Physical exam noted some limitation in range of motion of the cervical spine. There was tenderness to palpation over the right shoulder. Letter of appeal dated 4/13/15 states that prilosec was prescribed because patient reported bowel and bladder problems. It claimed that because of those complaints, prilosec was to be given as prophylaxis. It states that patient had cervicalgia and headaches and that methyl salicylate may be beneficial. Treatment plan included a stomach protectant medication and a cream for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Omeprazole/prilosec is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The documentation concerning the patient does not meet any high risk criteria to warrant PPIs and there is no documentation provided to support NSAID related dyspepsia. Patient is reported to be on naproxen. Patient has complaints of constipation and urinary problems which are not even remotely associated with dyspepsia. Omeprazole is not medically necessary.

Methyl salicylate 15% (unknown quantity) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As per MTUS Chronic pain guidelines, topical analgesics are considered mostly experimental with poor evidence to support safety or efficacy. Methyl-Salicylate has been shown to be superior to placebo. It should not be used long term. There is no evidence of efficacy for shoulder, hips, spinal pain or osteoarthritis of spine. It may have some efficacy in knee and distal joint pain. Provider has not documented where this cream is to be utilized and mostly documented neck, shoulder and head pains therefore it is assumed that is where it would be used. Patient's pain is cervical spine and shoulder, which is not indicated as per guidelines. Methyl salicylate is not medically necessary.