

Case Number:	CM15-0078059		
Date Assigned:	04/29/2015	Date of Injury:	04/01/2007
Decision Date:	05/26/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 42 year old female who sustained an industrial injury on 04/01/2007. Diagnoses include osteoarthritis unspecified whether generalized or localized left shoulder, carpal tunnel syndrome, and trigger finger-which is resolved. Treatment to date has included diagnostic studies, medications, status post left shoulder SLAP repair, a subacromial decompression and a distal clavicle excision, physical therapy and left shoulder injection. A physician progress note dated 03/13/2015 documents the injured worker complains of left shoulder, left wrist, right wrist and right hand pain. She has increased pain with left shoulder forward flexion. She reports popping with motion, and she has spasms. Her left shoulder reveals a positive Neer sign, Hawkins sign, Speed sign and Yergason sign. The Apprehension sign is positive on testing of the shoulder in external rotation and 90 degrees of abduction. The treatment plan is for continuation of medications, and an arthrogram for further diagnosis of the injured workers recent shoulder complaints. Treatment requested is for Prilosec 20mg quantity 60 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg quantity 60 with three 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 & cardiovascular risk Page(s): 68-69.

Decision rationale: Prilosec 20mg quantity 60 with three refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Prilosec is not medically necessary.