

Case Number:	CM15-0090534		
Date Assigned:	05/14/2015	Date of Injury:	05/08/1999
Decision Date:	06/16/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old male who sustained an industrial injury on 05/08/1999. Diagnoses include complex regional pain syndrome, myofascial pain syndrome, and fibromyalgia/myositis, and cervicalgia, contusion of unspecified part of upper limb, shoulder joint pain, and joint pain hand. Treatment to date has included medications, diagnostic studies, spinal cord stimulator, and trigger point injections. Medications include Prilosec, Norco, Catapres, Celexa, and Lidoderm patch, Neurontin, Topamax and Zyprexa. A physician progress note dated 04/23/2015 documents the injured worker complains of shoulder girdle and right upper extremity pain. A physician progress note dated 03/27/2015 documents the injured worker complains of right upper extremity pain related to complex regional pain syndrome. He suffers from a combination of neuropathic pain, as well as secondary myofascial pain syndrome with associated trigger points in the right shoulder girdle. He rates his pain at its least as 7 and at its worst a 10, on a pain scale of 1-10. There is myofascial tenderness with identifiable trigger points in the bilateral paracervical posterior musculature as well as in the right trapezius and right supraspinatus areas. Treatment requested is for Prilosec 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton-Pump Inhibitor (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in May 1999 and continues to be treated for chronic pain including a diagnosis of right upper extremity CRPS. Current treatments are a spinal cord stimulator and medications. When seen, pain was rated at 7/10. He had ongoing findings of cervical and right sided trapezius and scapular trigger points. He is not taking a non-steroidal anti-inflammatory medication. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. Therefore, the continued prescribing of Prilosec was not medically necessary.