

Case Number:	CM15-0098430		
Date Assigned:	05/29/2015	Date of Injury:	07/17/2004
Decision Date:	07/03/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/21/2015

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 63-year-old, male who sustained a work related injury on 7/17/04. The diagnoses have included left shoulder rotator cuff tear with intra-articular free body and lumbar spondylolisthesis with multilevel annular tear. Treatments have included medications, physical therapy, shoulder injections, and rest. In the PR-2 dated 4/7/15, the injured worker complains of increased low back pain with radiation to legs, left greater than right. He also complains of left shoulder pain. He has tenderness at thoracic and lumbar paraspinal muscles. His hamstrings are tight bilaterally. He has tenderness about the left anterior and lateral deltoids. The left biceps tendon is tender. The treatment plan includes prescriptions for Norco and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Prilosec 20mg #60 with 3 refills: Upheld

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

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

Decision rationale: The 63-year-old patient complains of increasing lower back pain that radiates to bilateral lower extremities along with left shoulder pain, as per progress report dated 05/11/15. The request is for 1 prescription of Prilosec 20mg # 60 with 3 refills. The RFA for the case is dated 04/07/15, and the patient's date of injury is 07/17/04. The patient is status post left shoulder arthroscopy on 02/15/05, as per progress report dated 05/11/15. Diagnoses included L4- 5 spondylolisthesis with multilevel annular tear, left shoulder rotator cuff tear, and sexual dysfunction. Medications included Norco and Prilosec, as per progress report dated 04/07/15. The patient is not working, as per progress report dated 01/26/15. 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." In this case, a prescription for Prilosec is noted in progress report dated 04/07/15. A prior progress report dated 02/17/15 documents the use of Motrin (an NSAID). However, there is no indication of medication-induced gastritis. The treating physician does not provide the patient's GI risk assessment as well. Hence, the request for Prilosec is not medically necessary as well.