

Case Number:	CM15-0099668		
Date Assigned:	06/02/2015	Date of Injury:	10/04/2011
Decision Date:	07/07/2015	UR Denial Date:	04/26/2015
Priority:	Standard	Application Received:	05/26/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 45 year old male who sustained work related injury October 4, 2011. Past history included surgery left forearm, 2012, and hernia, not otherwise specified. According to a primary treating chiropractic physician's progress report, dated October 17, 2014, the injured worker presented with complaints of a frequent, moderate, achy, throbbing, headache. He also complains of cervical pain, stiffness and heaviness radiating to the upper extremity, right and left shoulder pain, left elbow pain with numbness, tingling, and weakness, left forearm pain with numbness tingling, and weakness, left wrist pain with numbness, tingling, weakness, and cramping. He indicates recent incidents of rectal bleeding, possibly a side effect of medication. He has received (8) nerve block injections for groin pain without improvement and complains that the hernia is worsening now with further complaints of lower back pain. He is pending orthopedic consultation for potential hardware removal left forearm. Diagnoses are documented as headache; cervical radiculitis; cervical, right shoulder, left shoulder, left elbow, left wrist sprain/strain; left cubital tunnel syndrome; left wrist, left hand tenosynovitis. A sudoscan-sudomotor function assessment diagnostic report, dated April 9, 2015, revealed normal hands and feet symmetry. There are no further current medical records for review. At issue, is the request for authorization for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page(s) Page(s): 68.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patients have GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg #80 is not medically necessary.