

Case Number:	CM13-0025356		
Date Assigned:	11/20/2013	Date of Injury:	02/03/2010
Decision Date:	02/04/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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/services.

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 patient is a 47-year-old male who sustained a work-related injury on 02/03/2010. Subjectively, the patient reported complaints of neck and right shoulder pain which he rated 7/10 to 8/10. The patient's medications included Norco, Prilosec, and senna. Objective findings revealed decreased range of motion, positive subacromial bursitis, positive impingement, decreased strength of the bilateral shoulders, positive carpal compression and Finkelstein's test of the left wrist, and decreased grip strength of the left hand. The patient's diagnoses include carpal tunnel syndrome, status post decompression, bursitis and impingement, De Quervain's syndrome, small focal partial undersurface tear of the supraspinatus tendon, right shoulder SLAP lesion, and ulnar nerve compression. Request for authorization was made for hydrocodone/APAP, docusate, and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 60 capsules of Omeprazole 20mg between 8/1/2013 and 8/1/2013:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers Compensation, Online edition Chapter, Pain.

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

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS Guidelines state "proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia in patients at risk for gastrointestinal events." The clinical information submitted for review failed to establish the presence of dyspepsia, either NSAID-induced or stand alone. Additionally, there was no indication the patient was at risk for gastrointestinal events. As such, the criterion has not been met. Therefore, the retrospective request for 60 capsules of omeprazole 20 mg between 08/02/2013 and 08/01/2013 is non-certified