

Case Number:	CM13-0027418		
Date Assigned:	11/22/2013	Date of Injury:	07/22/2010
Decision Date:	02/05/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/20/2013

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 46 year old male with date of injury 7/22/10. The mechanism of injury is described as a fall from an extension ladder. The patient has complained of chronic left shoulder, neck and lower back pain. No surgeries have been reported as of this date. MRI of the cervical and lumbar spine in January 2012 showed multilevel degenerative disc and joint disease. MRI of the left shoulder in January 2012 showed acromioclavicular joint hypertrophy, subluxation of the humeral head and joint capsule distention. Treatment has included physical therapy, hot packs, acupuncture and chronic pain medications. Objective: tenderness of the cervical paraspinal musculature, left shoulder decreased range of motion and positive impingement sign, decreased lumbar lordosis, decreased range of motion of the lumbar spine and decreased sensation in the bilateral lower extremities. Diagnoses: cervical and lumbosacral sprain and left shoulder pericapsular sprain. Treatment plan and request: Prilosec (Omeprazole).

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: This patient is a 46 year old male with date of injury 7/22/10. The patient has complained of chronic left shoulder, neck and lower back pain and has been treated with physical therapy, hot packs, acupuncture and chronic pain medications. The medical records do not discuss the specific signs and symptoms of any gastrointestinal conditions or the specific risk factors indicating a need for a proton pump inhibitor. Omeprazole is a proton pump inhibitor. Therapy with a proton pump inhibitor is not indicated in patients other than those at higher risk as described in the MTUS. No reports describe the specific risk factors present in this patient. The guidelines state that chronic use of proton pump inhibitors can predispose patients to hip fractures. Additionally, the medical literature has described a significantly increased risk of hip, wrist and spine fractures, pneumonia and Clostridium difficile-associated diarrhea in patients on proton pump inhibitors. Therefore, Omeprazole 20mg #30 is not medically necessary or appropriate at this time.