

Case Number:	CM13-0039270		
Date Assigned:	12/18/2013	Date of Injury:	01/19/2007
Decision Date:	03/19/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/04/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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. 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 49-year-old male with date of injury 01/19/2007. Listed diagnoses per treating physician's report 08/29/2013 are: 1. Status post bilateral ASAD with recurrent partial thickness rotator cuff tear. 2. Bilateral AC arthrosis. 3. Bilateral lateral epicondylitis. 4. Bilateral forearm tendonitis. 5. Trapezial and parascapular strain. 6. Right thumb CMC arthrosis. This patient continues to complain of significant pain in his shoulder, worse on the left side than the right. Listed medications are Voltaren, Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: 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)

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

Decision rationale: This patient presents with chronic and persistent shoulder pains bilaterally. The treating physician has prescribed Omeprazole 20 mg twice a day. The MTUS Guidelines for indicate that clinicians should weigh the indications for NSAIDs (Non-steroidal anti-

inflammatory drugs) against both GI (gastrointestinal) and cardiovascular risk factors. It is recommended that a patient's risk for GI events be determined. These include age greater than 65, history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants; or high dose multiple NSAIDs. In this patient, despite the review of the treating physician reports on 02/12/2013, 05/09/2013, 08/29/2013, 07/18/2013, 10/10/2013, 11/21/2013, there is not a single mention of GI risk or GI event. Without such documentation, use of Omeprazole is not indicated. The recommendation is for denial

Diclofenac 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 and 61.

Decision rationale: This patient presents with bilateral shoulder pain. The patient has been prescribed diclofenac through the progress reports from 02/12/2013 to 11/21/2013 over six visitations. However despite careful review of these reports, there is not a single mention of whether or not the patient is taking medications, whether or not there has been any reduction of pain or improvement of function, whether or not medications have made a difference in this patient's overall condition. The MTUS Guidelines state, "A record of pain and function with the medication should be recorded," in reference to medications for chronic pain. NSAIDs (Nonsteroidal anti-inflammatory drugs) are recommended for osteoarthritis, chronic pain, and it would be indicated in this patient who suffers from bilateral shoulder pain. However, the treating physician does not provide a single documentation regarding efficacy of this medication. One cannot tell what this medication is doing for this patient. On 11/21/2013, the treater indicates that the patient should continue medications but does not state how the patient has been responding to diclofenac. The recommendation is for denial.