

Case Number:	CM13-0054395		
Date Assigned:	06/09/2014	Date of Injury:	03/28/2012
Decision Date:	08/04/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/25/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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:

The injured worker is a 54-year-old female who reported an injury 05/28/2012. The clinical note dated 09/12/2013 indicated diagnoses of myofascial pain syndrome, repetitive strain injury to the upper extremities bilaterally, rotator cuff syndrome bilaterally, lateral medial epicondylitis bilaterally; the clinical note was handwritten and largely illegible. The injured worker reported pain to the left shoulder especially with overhead activity. The injured worker reported he used compound cream with benefit. On physical exam, the injured worker had shoulder impingement, bilateral epicondyle tenderness, and positive Tinel's sign and decreased range of motion of bilateral shoulders in all planes. The injured worker's prior treatments included diagnostic imaging, medication management and acupuncture. The injured worker's medication regimen included omeprazole, Neurontin, Terocin, Dendracin and tennis splints for right and left elbow Orudis. The provider submitted a request for omeprazole, a Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #100 (NO REFILL): 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): 68.

Decision rationale: The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had findings that would suggest she was at risk for a gastrointestinal bleeding or perforations or peptic ulcer. In addition, the request did not indicate a frequency for the medication. Furthermore, the provider did not indicate a rationale for the request. Therefore, the request for omeprazole is not medically necessary.