

Case Number:	CM13-0058181		
Date Assigned:	12/30/2013	Date of Injury:	07/30/2007
Decision Date:	08/08/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/26/2013

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 Family 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 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:

This injured worker's date of injury is 07/30/2007. The patient receives treatment for chronic left shoulder pain. The treating physician describes in the report dated 10/29/2013 that the pain is "aching, burning, radiating, sharp, shooting, throbbing, stiff and shoots down to the elbow." The patient underwent arthroscopic left shoulder surgery on 03/05/2009 for lysis of adhesions. On exam there were no signs of distress. There is positive impingement on the L side. L shoulder ROM is normal. Medical diagnoses include: left shoulder adhesive capsulitis, s/p shoulder procedures on 03/05/2009 and on 09/30/2010, and lumbosacral strain. Medications taken include: Butrans patch, omeprazole 20 mg, and Vicodin 5-500 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20 MG QTY 60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: Omeprazole is a proton pump inhibitor (PPI). A PPI may be medically indicated for patients who are at risk for GI events when taking NSAIDs or corticosteroid drugs

orally. PPIs are indicated for treating gastritis or peptic ulcer disease as well (for example upper GI bleeding). There was no documentation of any of the preceding. Based on the documentation in this case, omeprazole is not medically indicated.