

Case Number:	CM13-0058566		
Date Assigned:	12/30/2013	Date of Injury:	08/12/2011
Decision Date:	05/15/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/27/2013

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 Anesthesia, has a subspecialty in Acupuncture & 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 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 claimant is a 59-year-old female injured worker with date of injury 8/12/11 with related pain in neck, low back, left shoulder, and left middle finger. She was diagnosed with displacement of the cervical intervertebral disc without myelopathy. Per 10/17/13 progress note, physical exam findings reported tenderness to palpation over the spinous process at C3-C7 over the paravertebral musculature bilaterally. Cervical compression testing was negative. Tenderness was noted over the supraspinatus of the left shoulder with decreased range of motion, particularly in flexion and abduction. A positive Hawkin's sign was noted and there was mild soft tissue swelling in the left middle finger with a deformity noted. Tenderness to palpation was noted over the proximal interphalangeal joint, full range of motion was noted with pain on flexion. There was tenderness to palpation of the lumbar spinous process from L1-L5 and the bilateral paravertebral musculature. Straight leg raise testing was positive and there was increased pain noted with heel/toe walking. MRI (magnetic resonance imaging) of the left shoulder dated 10/18/11 revealed supraspinatus partial tendon tear; subdeltoid bursitis; AC joint osteoarthritis and capsulitis. The treatment to date has included physical therapy, aqua therapy, and medication management. The date of UR decision was 10/31/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 10MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section
Non-steroidal anti-inflammatory drugs (NSAIDs), gastrointestinal (GI) symptoms & Cardio.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with non-steroidal anti-inflammatory drugs (NSAIDs) in situations in which the patient is at risk for gastrointestinal events including: (1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The MTUS guidelines further specify:
"recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs (e.g, ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 \hat{P} ¼g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardio-protection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. In this case, because this injured worker is negative for history of peptic ulcer, GI bleeding or perforation, and does not have cardiovascular disease, her risk for gastrointestinal events is low. Furthermore, the documentation submitted for review make no mention of gastrointestinal side effects secondary to her use of Diclofenac, as such, this request is not medically necessary.