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| Case Number: | CM13-0059850 | | |
| Date Assigned: | 04/25/2014 | Date of Injury: | 04/04/2006 |
| Decision Date: | 07/07/2014 | UR Denial Date: | 11/08/2013 |
| Priority: | Standard | Application Received: | 12/02/2013 |

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 Occupational 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 is a 48 year-old female who has reported shoulder pain after an injury on 04/04/2006. The diagnoses have included left shoulder impingement and rotator cuff tendinosis. The injured worker had a shoulder surgery previously, and a repeat arthroscopy with synovectomy, subacromial decompression, and rotator cuff repair on 10/28/2013. On 10/14/13 the treating physician stated that the injured worker could not tolerate oral medications and has seen a gastroenterologist. No current medications were listed. On 10/30/2013, there was left shoulder pain after surgery. Pain medication is reported to cause "gastritis". No medications were named and the symptoms were not discussed. Treatment recommendations included omeprazole for "stomach upset". There was no mention of Gabadone, although this was requested on 11/4/13. On 11/8/13 omeprazole and Theramine were requested as well. On 11/8/13 Utilization Review non-certified Gabadone and Omeprazole, noting the lack of indications for Omeprazole per the MTUS and the lack of indications for the medical food per the Official Disability Guidelines. These Utilization Review decisions were appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE: Upheld

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

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

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. There is no examination of the abdomen. No specific medications were discussed as possible causes of "gastritis" or "stomach upset". There are many possible etiologies for GI symptoms; the available reports do not provide adequate consideration of these possibilities. Cotherapy with an NSAID is not indicated in patients other than those at high risk. This injured worker is not taking NSAIDs or other medications likely to adversely affect the acid milieu of the upper GI tract. No reports describe the specific risk factors present in this case. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on PPIs. Omeprazole is not medically necessary based on lack of medical necessity and risk of toxicity.

GABADONE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain chapter, Gabadone.

Decision rationale: "Medical foods" are not medications and do not require a physician prescription. Medical foods, per the FDA definition, are for treatment of specific dietary conditions and deficiencies. No medical reports have established any specific dietary deficiencies. The treating physician appears to be under the impression that he is treating a nutritional deficiency, though no such condition in this patient has been established by any objective means. The MTUS makes no mention of the use of Gabadone or amino acid supplements for treatment of any medical condition. The Official Disability Guidelines recommend against Gabadone. Gabadone is not medically necessary based on lack of medical evidence, the guideline recommendations, and lack of any condition for which this supplement would be indicated.