

Case Number:	CM13-0071215		
Date Assigned:	01/08/2014	Date of Injury:	03/07/2012
Decision Date:	06/02/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 underlying date of injury in this case is 03/07/2012. The patient's diagnoses are status post right shoulder manipulation under anesthesia on 06/29/2012, a right shoulder subacromial decompression and Mumford procedure on 12/12/2012. The patient is also status post a right elbow lateral epicondylar release on 12/21/2012. On 10/08/2013, the treating orthopedic surgeon evaluated the claimant regarding ongoing bilateral shoulder pain and right wrist pain. Multiple musculoskeletal diagnoses were reported. The treatment requests included Flexeril and tramadol as well as omeprazole to protect the stomach. No specific gastrointestinal diagnoses or symptoms were documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 OMEPRAZOLE 20MG, 1 TWICE DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER PROCEDURE SUMMARY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK, Page(s): 68.

Decision rationale: The Chronic Pain Guidelines indicate that the physician should determine if the patient is at risk for gastrointestinal (GI) events. The risk for GI events include: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drug (NSAID), such as NSAID + low-dose aspirin. The medical records at this time do not document specific gastrointestinal symptoms or specific diagnoses or other reasoning to support an indication for gastrointestinal prophylaxis. This request is not supported by the treatment guidelines. This request is not medically necessary.