MAXIMUS Federal Services

Case Number:	CM14-0105862		
Date Assigned:	07/30/2014	Date of Injury:	12/24/2010
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/09/2014

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 Texas and Ohio. 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 63-year-old male who reported injury on 12/24/2010. Prior treatments included physical therapy and an injection of the left shoulder. The injured worker underwent an MRI of the left shoulder. The documentation indicated the injured worker underwent an arthroscopic repair of a left shoulder rotator cuff and postoperative physical therapy. The diagnoses included cervical spine sprain/strain with radicular complaints status post epidural steroid injections, left shoulder strain with impingement, MRI evidence of complete tear of the supraspinatus tendon, right shoulder strain from overcompensation and cane use, lumbar spine strain with radicular complaints, and bilateral knee strain. The documentation of 04/16/2014 revealed the injured worker had 8 sessions of acupuncture with no relief. The treatment plan included Omeprazole 20 mg #60 and tramadol 50 mg #60, as well as physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, request 60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Use of NSAIDs (Non-steroidal Anti-Inflammatory Drugs) Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the duration of use. The request as submitted failed to indicate the frequency for the requested medication. Additionally, there was a lack of documentation of gastrointestinal complaints to support the necessity for a PPI. Given the above, the request for Omeprazole 20mg, request 60 is not medically necessary.