

Case Number:	CM14-0109850		
Date Assigned:	09/16/2014	Date of Injury:	05/01/2011
Decision Date:	11/28/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/15/2014

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 Family Practice, and is licensed to practice in 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 55-year-old female with a date of injury of May 1, 2011. The mechanism of injury is not given. She complains of right shoulder pain, left hip pain, and low back pain radiating to the lower extremities associate with numbness, tingling, and weakness. The physical exam reveals an antalgic gait. There is diminished right shoulder range of motion. There is a 2 inch leg length differential. There is tenderness to palpation of the lumbar sacral junction. Sensation and strength are normal to the upper and lower extremities. Straight leg raise testing is negative. The injured worker was discovered to have a left hip fracture secondary to avascular necrosis and on May 6, 2011 had an open reduction and internal fixation. On June 1, 2012 she had right shoulder arthroscopy, subacromial decompression, and distal clavicular resection. In 2013 she had 2 lumbar epidural steroid injections. Electrodiagnostic studies revealed a left-sided L5 radiculopathy. The diagnoses include chronic pain syndrome, lumbar degenerative disc disease, fibromyalgia, shoulder pain, pelvic pain, avascular necrosis of the left hip, right shoulder impingement syndrome, and acromioclavicular joint sprain. The medications include Ultracet 8 tablets daily, topical Voltaren gel, Ambien 5 mg, and omeprazole for gastrointestinal discomfort as a consequence of the Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 10mg 1-2 tabs q day Quantity 60 with (1) refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI's, NSAIDS, GI Symptoms and cardiovascular risk Page(s): 78 of.

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

Decision rationale: Neither the Official Disability Guidelines nor the Chronic Pain Medical Treatment Guidelines address the use of proton pump inhibitors like Prilosec for dyspepsia associated with opioid use. Both sets of guidelines suggest that proton pump inhibitors should be used to lessen the chances of GI side effects like gastric ulceration when there is use of oral anti-inflammatory medication if any of the following criteria are met: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this instance, the injured worker has not been prescribed an oral anti-inflammatory medication. The guidelines do not address dyspepsia caused by opioids in terms of treatment. Therefore, Omeprazole 10mg 1-2 tabs q day Quantity 60 with (1) refill is not medically necessary per the referenced guidelines.