

Case Number:	CM14-0011110		
Date Assigned:	02/21/2014	Date of Injury:	10/12/2010
Decision Date:	06/25/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/28/2014

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 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:

The applicant has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 12, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; left shoulder arthroscopy, acromioplasty, and distal claviclectomy on October 15, 2013; and work restrictions. The operative report of October 15, 2013 was reviewed. The applicant underwent extensive arthroscopic debridement procedure, capsulectomy, Mumford procedure, clavicle resection, synovectomy, and acromioplasty. Omeprazole, tramadol, and Naprosyn were apparently prescribed on December 10, 2013. In a February 12, 2014 progress note, the applicant was again placed off of work, on total temporary disability. There was no mention of reflux, heartburn, and or dyspepsia in any portion of the note. The applicant was using Naprosyn and tramadol at that point in time. It appears that tramadol was discontinued in favor for Norco. In a January 15, 2014 progress note, the applicant was again asked to continue Ultram, Naprosyn, Prilosec, and a knee brace. The applicant was again placed off of work, on total temporary disability. There was no mention of any reflux, heartburn, and/or dyspepsia in the review of systems section of the note. The applicant was described as 41 years old.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG DELAYED RELEASE CAPSULE, ONE CAPSULE ONCE A DAY FOR 30 DAYS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms, and Cardiovascular Risk Page.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as omeprazole or Prilosec in the treatment of NSAID-induced dyspepsia, in this case, the documentation on file does not establish the presence of any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced, or stand-alone. Provision of Prilosec is not indicated in this context. Therefore, the request was not medically necessary.