

Case Number:	CM14-0111954		
Date Assigned:	09/16/2014	Date of Injury:	08/30/2005
Decision Date:	10/24/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/17/2014

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, has a subspecialty in Pain Medicine, 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 75-year-old male who reported an injury on 08/30/2005. The mechanism of injury was repetitive motion and lifting. He was diagnosed with left shoulder pain. His past treatments were noted to include non-steroidal anti-inflammatory drugs (NSAIDs), activity modification, ice applications, and pain medications. The injured worker was noted to have a history of 6 operations to his left shoulder. On 05/04/2014, the injured worker was evaluated by an orthopedic surgeon. His symptoms were noted to include left shoulder pain. His physical examination was noted to reveal unimpaired shoulder elevation strength and general strength, decreased range of motion of the left shoulder, and swelling. His medications were noted to include Amitriptyline. A specific treatment plan was not provided. A request was received for Omeprazole 20mg extended release capsules #30. A specific rationale for this request was not provided. The Request for Authorization form was also not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg Extended Release capsules #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 12th Ed. McGraw Hill, 2006; the Non-MTUS Physician's Desk

Reference, 68th ed.; the Non-MTUS www.Rxlist.com; and the Non-MTUS Official Disability Guidelines - Workers Compensation Drugs

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

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors (PPIs) may be recommended for patients taking NSAID medications who are at increased risk for gastrointestinal events, or for those with complaints of dyspepsia related to NSAID use. The clinical information submitted for review indicated that the injured worker had been prescribed Ibuprofen after his injury. However, an updated medication list was not provided and he was only noted to be taking Amitriptyline at the time of his medical examination on 05/05/2014. The documentation submitted for review did not indicate that he had any complaints of dyspepsia related to NSAID use or that he had any significant increased risk factors for gastrointestinal events with NSAID use. Therefore, in the absence of a clear indication for a proton pump inhibitor, the request is not supported. In addition, the request, as submitted, did not include a frequency. For the reasons noted above, the request is not medically necessary.