

Case Number:	CM14-0137270		
Date Assigned:	09/05/2014	Date of Injury:	03/13/2013
Decision Date:	10/03/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/25/2014

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 Anesthesiology, has a subspecialty in Pain 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:

According to the records made available for review, this is a 38-year-old female with a 3/13/13 date of injury. At the time (8/19/14) of the Decision for authorization for Omeprazole 20mg #90 Refills: 4 and Motrin 800mg #180 Refills: 4, there is documentation of subjective (right shoulder pain and right golfer's elbow) and objective (mild tenderness over the right extensor, flexor forearm musculature, and medial epicondyle) findings. Current diagnoses include right frozen shoulder, and treatment to date: medications (including ongoing treatment with Motrin, Omeprazole, and Nortriptyline) and physical therapy). 2/18/14 documentation identifies symptoms of burning sensation of epigastrium. Regarding Motrin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of Motrin use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #90 with 4 Refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Title 8, California Code of Regulations

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of Frozen Shoulder. In addition, given documentation of symptoms of burning sensation of epigastrium, there is documentation of risk for gastrointestinal event. Therefore based on guidelines and a review of the evidence, the request for Omeprazole 20mg #90 with 4 refills is medically necessary.

Motrin 800mg #180 Refills: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Ibuprofen Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Title 8, California Code of Regulations,

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of Frozen Shoulder. In addition, there is documentation of right shoulder pain. However, given documentation of ongoing treatment with Motrin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of Motrin use to date. Therefore, based on guidelines and a review of the evidence, the request for Motrin 800mg #180 with 4 Refills is not medically necessary.