

Case Number:	CM14-0165358		
Date Assigned:	10/10/2014	Date of Injury:	11/30/2012
Decision Date:	11/26/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/07/2014

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 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:

This is a 56 years old female patient who sustained the injury on 11/30/2012. She sustained the injury when her left hand was hit by a door. The diagnoses include chronic neck pain, rule out herniation disc, right shoulder impingement with calcific tendonitis, left thumb strain with underlying degenerative joint disease of the first metatarsal joint, chronic low back pain, right L5 radiculopathy, left knee strain and contusion, anxiety, depression, lack of sleep and improved abdominal pain. Per the doctor's note dated 6/26/14, she had complaints of neck pain at 7/10 with radiation to the right shoulder and arm, right shoulder pain at 6-7/10, left thumb pain at 5/10, left knee pain at 7/10, headache at 5/10 and low back pain at 6/10 with radiation to the both legs with tingling and numbness. The physical examination revealed the cervical spine: muscle guarding/spasm, painful range of motion, tenderness paraspinal musculature, decreased sensation to light touch at right C6 dermatomes. The physical examination revealed the shoulder: tenderness on the right acromioclavicular joint, right supraspinatus tendon, right impingement sign limited, painful range of motion, right rotator cuff strength 5/5. The physical examination revealed the left thumb: tenderness to palpation at the first CMC joint. The physical examination revealed the lumbar spine: guarding and muscle spasm, painful range of motion, tenderness to palpation at the bilateral paraspinal musculature. The physical examination revealed the knee: mild tenderness to palpation at the peri-patellar region. The medications list includes Tylenol and Omeprazole. She has had electromyography of the lower extremity dated 11/30/12 which revealed right L5 radiculopathy. Electro diagnostic study dated 6/3/14 which revealed bilateral moderate carpal tunnel syndrome right worse than left. MRI of the lumbar spine dated 2/8/13 which revealed left foraminal stenosis. MRI of the right shoulder dated 8/29/13 which revealed tendonitis. Cervical MRI dated 6/9/14 which revealed small to moderate central disc protrusion at C5-C6 results in mild spinal canal stenosis and deformity of the ventral aspect of the spinal

cord, moderate to severe right neural foraminal stenosis at C4-C5 secondary to right-sided degenerative facet arthropathy and suspected focal ossification of the posterior longitudinal ligament at the level of T2 with associated mid spinal canal stenosis. MRI of the right shoulder dated 6/9/14 which revealed supraspinatus tendinopathy with a small partial thickness bursal surface tear at the critical zone, infraspinatus tendinopathy, moderate acromioclavicular joint osteoarthritis and hypertrophic changes causing mild mass effect on the supraspinatus and possible glenoid labrum degenerative tear. MRI of the left knee dated 6/10/14 which revealed mild osteoarthritis with tricompartmental osteophytes and focal high-grade chondrosis in the patellofemoral compartment. MRI of the left thumb dated 6/10/14 which revealed moderate osteoarthritis of the first carpometacarpal joint. She has had physical therapy visits, thumb spica and injections for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20mg 1 tab at bedtime #60: Upheld

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 and cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole is a proton pump inhibitor. Per the California MTUS Chronic Medical Treatment Guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited MTUS Chronic Pain Medical Treatment Guidelines, the patient is considered at high risk for gastrointestinal events with the use of NSAIDS when "(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)." There was no evidence in the records provided that the patient had abdominal/gastric symptoms with the use of NSAIDs. The records provided did not specify the duration of the NSAID therapy. The records provided did not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Retrospective Omeprazole 20mg 1 tab at bedtime #60 is not established for this patient at that time.