

Case Number:	CM14-0166519		
Date Assigned:	10/13/2014	Date of Injury:	09/12/2013
Decision Date:	12/12/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/09/2014

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 Interventional Spine 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 patient is a 32 year old with an injury date on 9/12/13. Patient complains of unchanged right shoulder pain, rated 5/10 per 7/3/14 report. Patient reports "some progress in range of motion due to physical therapy" which she does benefit from per 7/3/14 report. Based on the 7/3/14 progress report provided by [REDACTED] the diagnoses are: 1. 726.2 affections shoulder region not elsewhere classified 2. 726.0 adhesive capsulitis shoulder Exam on 7/3/14 showed "stiffness/weakness to internal and internal rotation of right shoulder. Progress in range of motion due to physical therapy." No range of detailed motion results of right shoulder were included in reports. Patient's treatment history includes medications, physical therapy. [REDACTED] is requesting retrospective request for omeprazole / flurbiprofen 10/100mg #60 as ordered on 7/13/14. The utilization review determination being challenged is dated 9/10/14 and denies request as both medications in combination can be prescribed separately. [REDACTED] is the requesting provider, and he provided treatment reports from 5/8/14 to 7/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Omeprazole/Flurbiprofen 10/100mg #60 as ordered on 7/3/2014:
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 NSAIDS GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, for Prilosec

Decision rationale: This patient presents with right shoulder pain. The treating physician has asked for retrospective request for OMEPRAZOLE / FLURBIPROFEN 10/100mg #60 as ordered on 7/13/14. Patient does not have a history of taking this combination medication, but on 5/22/14, patient was dispensed Pantaprazole "to prevent gastritis/heartburn" as well as Hydrocodone/APA and Diclofenac ER. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID unless GI risk assessment is provided that include age >65, concurrent use of ASA, anticoagulants, high dose NSAID, or history of bleeding ulcers, PUD, etc. In this case, current list of medications is not included, but patient was taking an NSAID and opioid in prior report. The patient was previously on pantaprazole concurrently with Diclofenac to "prevent" heartburns. However, there is no GI risk assessment to warrant prophylactic use of PPI. Furthermore, there is no discussion as to why medication is being changed to a combination. The treating physician does not explain how previous meds failed. Recommendation is not medically necessary.