

Case Number:	CM14-0177571		
Date Assigned:	10/31/2014	Date of Injury:	10/20/2011
Decision Date:	12/09/2014	UR Denial Date:	09/28/2014
Priority:	Standard	Application Received:	10/28/2014

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 Physical Medicine & Rehabilitation 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 57-year-old male with a 10/20/11 date of injury. At the time (9/10/14) of request for authorization for Omeprazole 20 mg 1 tablet PO BID #60 and Ibuprofen 800 mg 1 tablet PO BID #60, there is documentation of subjective (cervical spine pain, bilateral clavicles pain, and bilateral shoulder pain) and objective (tenderness to palpitation over the cervical spine and the bilateral upper trapezius muscles, decreased range of motion of the cervical spine, decreased grip strength of the right hand, tenderness to palpitation over the acromioclavicular joint, biceps tendon groove, supraspinatus deltoid complex and rotator cuff on the right, and decreased range of motion of the bilateral shoulders) findings current diagnoses (cervical spine strain and status post right shoulder arthroscopic synovectomy), and treatment to date (Physical therapy, acupuncture, and medications (including ongoing treatment with Ibuprofen and Omeprazole)). Regarding Omeprazole 20 mg 1 tablet PO BID #60, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Regarding Ibuprofen 800 mg 1 tablet PO BID #60, 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 medications as a result of Ibuprofen use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg 1 tablet PO BID #60: 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): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

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 and 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 diagnoses of cervical spine strain and status post right shoulder arthroscopic synovectomy. In addition, there is documentation of ongoing treatment with Omeprazole. However, despite documentation of ongoing treatment with Ibuprofen, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20 mg 1 tablet PO BID #60 is not medically necessary.

Ibuprofen 800 mg 1 tablet PO BID #60: 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 (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

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 cervical spine strain and status post right shoulder arthroscopic synovectomy. However, given documentation of ongoing treatment with Ibuprofen, 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 medications as a result of Ibuprofen use to date. Therefore, based on

guidelines and a review of the evidence, the request for Ibuprofen 800 mg 1 tablet PO BID #60 is not medically necessary.