

Case Number:	CM14-0025249		
Date Assigned:	03/03/2014	Date of Injury:	06/13/2012
Decision Date:	07/31/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/14/2014

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 Orthopedic Surgery 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 66-year-old female with a 06/13/2012 date of injury. A specific mechanism of injury was not described. Status post (s/p) left shoulder rotator cuff repair and subacromial decompression on 8/21/12. A 1/8/14 determination was non-certified given no indication of risk for gastrointestinal (GI) events. A 12/17/13 medical report identifies improvement in left shoulder since undergoing a surgical procedure. The patient reported functional improvement and pain relief with the medications taken. The exam revealed right shoulder with positive Neer's test and Hawkin's test. The patient had a positive greater tuberosity tenderness. The patient left shoulder with healed surgical scars, resisted abduction strength and resisted external rotation 4/5. There was decreased range of motion. The patient was prescribed Diclofenac XR 100 mg once a day for anti-inflammatory, Omeprazole 20 mg to reduce nonsteroidal anti-inflammatory drugs (NSAIDs) gastritis prophylaxis 30 tabs, and Tramadol ER 150 mg once a day for chronic pain. 11/19/13, 11/5/13, 7/9/13 medical reports identify prescription of the same medications. Records indicate that on 2012 the patient was taking Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, and the Non-MTUS Food and Drug Administration (FDA) Guidelines.

Decision rationale: The patient has been prescribed Voltaren as an anti-inflammatory and Omeprazole to reduce NSAID gastritis, prophylaxis. The records indicate that the patient was taking this medication in 2012 and then apparently through 2013 and to date. There has been chronic NSAID therapy and the CA MTUS and the FDA support proton pump inhibitors in patients utilizing chronic NSAID therapy. In that context the medical necessity was established for omeprazole as a gastroprotectant. As such, the request is medically necessary.