

Case Number:	CM14-0026884		
Date Assigned:	03/05/2014	Date of Injury:	05/11/2012
Decision Date:	04/11/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/04/2014

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 Occupational 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 52-year-old male with a 5/11/12 date of injury. At the time (2/5/14) of the Decision for prescription of Ibuprofen 800MG and prescription of Omeprazole 20MG, there is documentation of subjective (right shoulder pain) and objective (painful range of motion) findings, current diagnoses (status post right shoulder decompression and SLAP repair), and treatment to date (medications (including Prilosec since at least 1/3/13 and Ibuprofen since at least 12/16/13)). Regarding the requested prescription of Ibuprofen 800MG there is no documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain; and functional benefit with previous use. Regarding the requested prescription of Omeprazole 20MG, there is no documentation of age > 65 years, history or risk for gastrointestinal events, and functional benefit with previous use.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF IBUPROFEN 800MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The California 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. Within the medical information available for review, there is documentation of diagnoses of status post right shoulder decompression and SLAP repair. In addition, there is documentation of ongoing treatment with Ibuprofen since at least 12/16/13. However, there is no documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain. In addition, there is no documentation of functional benefit with previous use. Therefore, based on guidelines and a review of the evidence, the request for prescription of Ibuprofen 800MG is not medically necessary.

PRESCRIPTION OF OMEPRAZOLE 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms And Cardiovascular Risk Page(s): 68.

Decision rationale: The California 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. Within the medical information available for review, there is documentation of diagnoses of status post right shoulder decompression and SLAP repair. In addition, there is documentation of ongoing treatment with Omeprazole since at least 1/3/13. However, despite an associated request for Ibuprofen, there is no documentation of age > 65 years and history or risk for gastrointestinal events. In addition, there is no documentation of functional benefit with previous use. Therefore, based on guidelines and a review of the evidence, the request for prescription of Omeprazole 20MG is not medically necessary.