

Case Number:	CM14-0056451		
Date Assigned:	07/09/2014	Date of Injury:	12/12/2012
Decision Date:	08/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/25/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 36 year old male who sustained a work-related injury on 12/12/12. The mechanism of injury was due to holding onto pipes with his left arm while a forklift struck the ladder he was standing on. His diagnoses are sprain of the left shoulder and upper arm, cervical strain/sprain and myofascial pain. He complains of 9/10 left shoulder pain. On exam there was positive impingement on the left, and pain with popping to the left shoulder with limited range of motion. There was tenderness to palpation of the paravertebral muscles, spinous process, and trapezius on the left side. The treatment has included medication and physical therapy. The treating provider has requested Omeprazole 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

Decision rationale: Per the California MTUS 2009 proton pump inhibitors are recommended for patients taking NSAIDs with documented gastrointestinal (GI) distress symptoms or specific GI

risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include patients age greater than 65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. The claimant has no documented GI issues. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.