

Case Number:	CM14-0072594		
Date Assigned:	07/16/2014	Date of Injury:	09/11/2013
Decision Date:	09/19/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/19/2014

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 and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 36 year old male with a work related injury on 9-11-13. On this date the claimant was rear ended. The claimant sustained injury to the shoulders, right knee, soft tissue injury to the head, upper back area, lower back pain, neck, both upper legs. The claimant has been treated conservatively with medications, acupuncture, and right shoulder injection. Follow-up visits with the treating doctor notes the claimant has not had any significant improvement. He continued with lower back pain as well as right shoulder pain and limited range of motion. Follow-up with the treating doctor on 7-8-14 notes the claimant is the same without significant improvement. Cervical Spine: Paravertebral muscles are tender. Spasm is present. Range of motion is restricted. Motor strength and sensation are grossly intact. Right Shoulder: Anterior shoulder is tender to palpation. Range of motion is reduced in flexion and abduction. Impingement test is positive. Lumbar Spine: Paravertebral muscles are tender. Spasm is present. Range of motion is restricted. Straight leg raise testing is positive on the right. Sensation is slightly reduced in L5 dermatomal distribution. R knee: Joint line is tender to palpation. Positive McMurray's sign. Follow-up with ortho on 7-10-14 notes an MRI of the right shoulder will be requested due to worsening of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg, Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Long-term PPI use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - NSAID, GI symptoms and cardiovascular risk & PPI's Other Medical Treatment Guideline or Medical Evidence:US NATIONAL LIBRARY OF MEDICINE - Omeprazole.

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG notes that the physician should determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., Ibuprofen, Naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol (four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is Naproxyn plus low-dose aspirin plus a PPI. There is an absence in documentation noting that this claimant has risks for GI events. No past history of GI problems documented, no GI side effects noted with current medications. He has no documented risk criteria. Therefore, the medical necessity of this request was not reasonable or medically indicated.