

Case Number:	CM14-0073798		
Date Assigned:	07/16/2014	Date of Injury:	07/28/2004
Decision Date:	09/16/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/21/2014

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 Nevada. 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 records, presented for review, indicate that this 54-year-old male was reportedly injured on 7/28/2004. The mechanism of injury was noted being hit by a forklift. The claimant underwent right shoulder surgery on 2/18/2005 and a right total knee replacement on 6/23/2009. The most recent progress note, dated 4/8/2014, indicated that there were ongoing complaints of right shoulder, knee, neck and low back pains. Physical examination demonstrated tenderness of the right acromioclavicular and subacromial region with a positive impingement sign. Right shoulder AROM: Abduction 140, flexion 130. There were also tenderness to the right peripatellar area with mild swelling, tenderness and spasm to the cervical/lumbar muscles, positive SLR and Lasegue's tests, limited lumbar spine AROM, and gait with a slight limp on the left. No recent diagnostic imaging studies available for review. Previous treatment included Norco, ibuprofen, Soma and omeprazole. A request had been made for omeprazole 20 mg #60 and was not certified in the utilization review on 4/24/2014.

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 Proton Pump Inhibitors. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain (Chronic).

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

Decision rationale: MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fractures. Review, of the available medical records, fails to document any signs or symptoms of GI distress, which would require PPI treatment. As such, this request is not considered medically necessary.