

Case Number:	CM14-0080017		
Date Assigned:	07/18/2014	Date of Injury:	04/11/2014
Decision Date:	09/11/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/30/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 56-year-old with a reported date of injury of 04/11/2014 that occurred while lifting an ice chest full of bottled water. The patient has the diagnoses of adhesive capsulitis of the shoulder, lumbar strain/sprain and shoulder sprain/strain. Past treatment modalities have included physical therapy. Per the progress reports from the treating physician dated 07/11/2014 the patient had complaints of pain in the left shoulder that is moderate, constant and aching. Physical exam noted abnormal range of motion in the left shoulder with positive Hawkin's test, apprehensive test, Yerguson test, crossover test and drop arm test. The lumbar spine also showed tenderness to palpation on the right and decreased range of motion. Treatment recommendations included continuation of medications and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg between 4/22/14 and 6/20/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: TThe California chronic pain medical treatment guidelines section on NSAIDs indicates NSAIDs, GI symptoms & cardiovascular risk recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro-duodenal lesions. 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 diseases: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg 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. Per the progress notes the patient was prescribed the medication because of "spitting up" while taking medication along with nausea. There is no documentation that places this patient at intermediate risk that would justify the use of a proton pump inhibitor with the NSAID. For this reason the medication requested is not medically necessary.