

<b>Case Number:</b>	CM14-0090059		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/25/2012
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/14/2014

### 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 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:

The injured worker is a 39 year old male who had a work related injury on 01/25/12. Mechanism of injury was the injured worker was trying to lift a ladder to change it to different position. The ladder measured 24 feet and was metal. He was lifting it laterally when it fell over his right shoulder. The injured worker fell on the dirt over his right knee, ladder fell to the side. The most recent clinical documentation submitted for review was dated 03/22/12. MRI of right shoulder was normal. The patient stopped working, his own decision. Physical examination right shoulder, inspection was normal. Pain elicited over lateral clavicle, acromioclavicular joint, coracoid process, acromion, over rotator cuff, in the pectoralis major, deltoid, biceps, triceps, trapezius, and rhomboid and in the deltopectoral groove and SS, IS, and palpable crepitus. There was sensory deficit in C5 dermatomal distribution, brisk bilateral and symmetric carotid, brachial, and radial pulses. Deep tendon reflexes were 2+ in upper extremities. Positive impingement, O'Brien, and acromioclavicular joint stress test. Diagnosis; sprain and strain of shoulder and upper arm. There was no documentation submitted with VAS scores with and without medication or that the patient had GI problems or was at risk of developing them. Prior utilization review dated 05/30/14 omeprazole was non-certified, tramadol was partial certification, and follow up regarding slight ALT elevation was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Omeprazole 20mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - online version Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Proton pump inhibitors (PPIs).

**Decision rationale:** As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.

**1 Prescription of Tramadol 50mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. Therefore, medical necessity has not been established.

**Perspective request for 1 follow up regarding a slight ATL elevation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines/ British Columbia Medical Services Commission; 2011 August 1 page 5 (14 references).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 2012 Current Medical Diagnosis and Treatment, page 646.

**Decision rationale:** The request for perspective request for 1 follow up regarding a slight ATL elevation is not medically necessary. There are no lab values submitted for review. Abnormal liver tests may indicate an abnormality of the liver and provide clues as to the nature of the

problem. However, in an asymptomatic patient, mild abnormalities may not be clinically significant. Therefore, medical necessity has not been established.