

Case Number:	CM14-0005951		
Date Assigned:	02/05/2014	Date of Injury:	04/27/2011
Decision Date:	02/13/2015	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/13/2014

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 Orthopedic Surgery 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 54-year-old female with a date of injury of April 27, 2011. The mechanism of injury is not disclosed. A progress note dated January 20, 2014 is provided for review in support of the above noted request indicating the claimant presents for reevaluation of chronic shoulder pain. The medications are tolerated well and helpful and include gabapentin, and Norco. It is noted that the injured was authorized for right shoulder surgery which was scheduled for January 22, 2014. The pain is rated 5/10 with no medication and 2/10 with pain medication. A Transcutaneous Electrical Nerve Stimulation (TENS) unit trial was previously requested, and denied. The review of systems indicates a report of "stomach upset." Physical exam findings are provided evidencing a decrease in shoulder range of motion as well as supraspinatus and infraspinatus strength. Cervical spine range of motion is also restricted in all planes with tenderness over the cervical paraspinal muscles and the facet joints. Spurling's sign is negative. Current medications include Omeprazole 20 mg one, by mouth twice daily. The treatment recommendations are for Zanaflex, Norco, and Neurontin. There is no documentation in this medical record that the above noted prescription was provided on the date of this examination. A progress note from November 21, 2014 references a past medical history of depression and elevated cholesterol. A progress note dated October 28, also references the report of "stomach upset.", at the time of that encounter, Zofran was prescribed, but no evidence of a proton pump inhibitor is documented as being provided on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED X 1 PRILOSEC 20 MG #60; RFA 1/3/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITORS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. An unspecified gastrointestinal (GI) disorder has not been documented as a diagnosis for the injured. The record only reflects documentation in October and January of "stomach upset," which appears to have been treated with Zofran. Based on the medical record, in the absence of documentation of a G.I. disorder, e.g., gastritis, the medical necessity of this medication is not substantiated. As such, this request is not medically necessary and appropriate.