

Case Number:	CM14-0102714		
Date Assigned:	07/30/2014	Date of Injury:	08/26/2011
Decision Date:	09/28/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36-year-old male with an August 26, 2011 date of injury. A progress note dated June 5, 2014 documents subjective complaints (neck pain and pain down the arm; pain in both shoulders), and current diagnoses (cervical sprain and strain; shoulder strain; cervical radiculitis). A progress note dated May 5, 2014 documents objective findings (decreased range of motion of the shoulder; severe apprehension; impingement and crossed adduction are mildly painful; decreased resisted adduction and Speed's). Treatments to date have included right shoulder surgery, magnetic resonance imaging of the right shoulder, transcutaneous electrical nerve stimulator unit, and medications. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Omeprazole 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Omeprazole 20mg, #30 (DOS: 06/05/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Based on the 5/5/14 progress report provided by the treating physician, this patient presents with right shoulder pain, s/p right shoulder surgery from 2012. The treater has asked for RETROSPECTIVE OMEPRAZOLE 20MG, #30 (DOS 06/05/14) but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p TENS unit usage at home with unspecified efficacy per 4/3/14 report. The right shoulder is consistently painful, and neck pain also persists per 4/3/14 report. The patient's work status is not included in the provided documentation. MTUS, NSAIDs, GI symptoms & cardiovascular risk section, pg. 68, 69: "Omeprazole is recommended with precaution for patients at risk for gastrointestinal events. 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID." NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. The patient has "no GI symptoms, and no med side effects" per 4/15/14 report. Review of reports does not indicate what medications the patient has been taking. Per utilization review letter dated 6/20/14, the request for Prilosec is retrospective. There is no indication that the patient is taking NSAIDs currently. There is no documentation of any GI issues such as GERD, gastritis or PUD for which a PPI may be indicated. The treater does not explain why this medication is being prescribed. No GI risk assessment is provided to determine a need for GI prophylaxis with a PPI either. The request IS NOT medically necessary.