

Case Number:	CM14-0186386		
Date Assigned:	11/14/2014	Date of Injury:	06/03/2013
Decision Date:	01/05/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 44 year old with an injury date on 6/3/13. Patient complains of improved right shoulder pain that feels "tired" in the mornings, and left knee pain that still "feels swollen" and is "rubbing against each other" per 9/9/14 report. Based on the 9/3/14 progress report provided by Dr. ■ (not the treating physician), the diagnoses are: 1) right shoulder bursitis, 2) right shoulder bursitis, 3) right elbow epicondylitis, 4) right wrist sprain. Exam on 9/3/14 showed "right shoulder abduction 100 flexion 130." Patient's treatment history includes medications, chiropractic treatment. The treating physician is requesting omeprazole caplets 20mg, sixty count. The utilization review determination being challenged is dated 10/27/14. The requesting physician provided treatment reports from 8/6/14 to 9/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole caplets 20 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, for Prilosec

Decision rationale: This patient presents with right shoulder pain and left knee pain. The treater has asked for Omeprazole Caplets 20mg, sixty count but the requesting progress report is not included in provided documentation. Utilization review letter dated 10/27/14 stated patient has been taking Prilosec since 9/15/14. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, current list of medications do not include an NSAID. 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. Therefore the request is not medically necessary.