

Case Number:	CM15-0007203		
Date Assigned:	01/26/2015	Date of Injury:	08/31/2010
Decision Date:	03/19/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/13/2015

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:

The injured worker is a 42 year old female, who sustained an industrial injury on August 31, 2010. She has reported depression and shoulder pain. The diagnoses have included major depressive disorder, single episode moderate, bilateral shoulder bursitis and biceps tenosynovitis. Treatment to date has included psychiatric admission, injections and oral medications. Currently, the IW complains of bilateral shoulder pain with positive Hawkins test. Treatment includes request for magnetic resonance imaging (MRI), cortisone injections and oral medications. On December 10, 2014 utilization review non-certified a request for retrospective Omeprazole 20 mg, quantity: 90 (date of service: 12/03/2014). No guidelines or rationales were noted in the medical record. Application for independent medical review (IMR) is dated January 12, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20 mg, quantity: 90 (Date of Service: 12/03/2014): 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, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with shoulder pain, rated 05/10. The request is for RETROSPECTIVE OMEPRAZOLE 20 MG, QUANTITY: 90 (DATE OF SERVICE 12/03/14). The RFA provided is dated 01/07/15. Patient diagnosis on 12/03/14 included cervical sprain/strain; neck, pain in joint, upper arm, thoracic sprain/strain, and Myofascial pain. Concomitant medications included Naproxen. Patient is to return to full duty. MTUS pg 69 states, "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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not state the reason for the request. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. Although the patient has had a long term use of Naproxen, review of the medical records did not show history of GI symptoms, complaints, or issues such as GERD, gastritis or PUD for which a PPI may be indicated. The patient is under 65 years of age. There was no record of other NSAID use or concurrent use of ASA, corticosteroids, and/or an anticoagulant. The patient does not present with the indication for Omeprazole. Therefore, the request IS NOT medically necessary.