

Case Number:	CM15-0101092		
Date Assigned:	06/03/2015	Date of Injury:	12/05/2014
Decision Date:	07/09/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/26/2015

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: Pennsylvania, Ohio, 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 62-year-old female, who sustained an industrial injury on December 5, 2014 while working as a dishwasher. The mechanism of injury was a slip and fall. The injured worker has been treated for neck, back and left shoulder complaints. The diagnoses have included lumbosacral sprain/strain, left shoulder and upper arm sprain/strain, left knee and leg sprain/strain, shoulder impingement, internal derangement of the knee not otherwise specified and carpal tunnel syndrome. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies, physical therapy and a home exercise program. Current documentation dated April 23, 2015 notes that the injured worker reported significant left shoulder pain. Examination of the left shoulder revealed tenderness to palpation over the left anterior joint. Range of motion was restricted in the bilateral shoulders and an impingement sign was positive on the left. Examination of the lumbar spine revealed tenderness to palpation of the paraspinal muscles and a restricted range of motion. Orthopedic testing was negative. Examination of the left knee revealed tenderness to pressure over the left knee and a positive McMurray's test. The treating physician's plan of care included a request for the medication Omeprazole Dr 20 mg # 30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Dr 20mg capsule one daily Qty: 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68.

Decision rationale: MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication; the request is not medically necessary.