

Case Number:	CM15-0104374		
Date Assigned:	06/08/2015	Date of Injury:	07/15/2010
Decision Date:	07/22/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 49 year old male who sustained a work related injury July 15, 2010. Past history included s/p left shoulder arthroscopic surgery, April 2011 and right shoulder arthroscopic rotator cuff repair, excisional acromioclavicular joint arthroplasty/Mumford, December 2014. According to a secondary physician's progress report, dated April 15, 2015, the injured worker noted improvement in swallowing, internal hemorrhoids, blood in stool, acid reflux and diarrhea/constipation. He complains of umbilical hernia and reports having surgery for a right inguinal hernia in 2007. Has a hiatal hernia 7 cm and is s/p H Pylori treatment. Physical examination revealed frequent belching, and no acute distress. The abdomen is soft with normal active bowel sounds and one plus epigastric tenderness, no guarding or rebound. Right upper extremity is in a sling. Diagnoses are gastritis; reflux esophagitis; duodenitis; dysphagia; irritable bowel syndrome; internal hemorrhoids; diverticulosis. Deferred diagnoses included cephalgia, orthopedic and psychological complaints, and multiple abdominal masses; possible lipomas. Treatment plan included abdominal ultrasound, advisement of diet, and follow-up with primary care physician. At issue, is the request for authorization for Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 - 30 day supply: 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 9792.20 ? 9792.26 Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Risks include: 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). Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, or even currently taking a NSAID. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.