

Case Number:	CM15-0105218		
Date Assigned:	06/09/2015	Date of Injury:	12/09/2011
Decision Date:	07/15/2015	UR Denial Date:	05/12/2015
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: Texas, California
 Certification(s)/Specialty: Family Practice

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 57 year old female patient who sustained an industrial injury on 12/09/2011. The accident was described as while working as a stock clerk picker she experienced cumulative trauma with repetitive motion over the course of time with resulting injury. The diagnoses include recurrent supraspinatus and infraspinatus tendon tearing status post right subacromial decompression 05/12/2015; right sided C5-6 disc protrusion; L5-S1 spondylolisthesis; left shoulder full-thickness rotator cuff tearing; right tennis elbow; right carpal tunnel syndrome, and bilateral foot metatarsalgia. Per the primary treating office visit dated 04/08/2015, she had subjective complaint of right shoulder pain radiating down the right arm as well as upper back pain. She takes Omeprazole and Ibuprofen. The physical examination revealed right shoulder-tenderness, decreased range of motion and 4/5 strength. Per the follow up visit dated 03/11/2015 she had complaints aching, burning in the right arm and sharp, aching cramps in the right leg; neck pain and lower back pain with swelling in the right shoulder and upper arm; numbness in the ring and small fingers of the right hand, feet and toes as well; tingling in the neck down towards the right arm; and weakness in the muscles on the right arm with occasional weakness in grip. The current medications list includes ibuprofen, Omeprazole, Synthroid, Zocor, iron, Effexor, Xanax, Lyrica, Norco, Prilosec, Lidoderm and Flexeril. She is allergic to Codeine. She has had nerve conduction study of the bilateral upper extremities dated 3/11/2015 with normal results; a magnetic resonance arthrogram of the right shoulder dated 2/19/2015 which revealed chronic complete tears of the supraspinatus and infraspinatus tendons with retraction along with

a high riding humeral head, and minimal subacromial bursitis and small joint effusion. The plan of care is with recommendation for further surgical intervention to right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg 1 PO BID PRN #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Q-Prilosec 20mg 1 PO BID PRN #60 with 3 refills. Prilosec contains omeprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events." Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anti-coagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no evidence in the records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Prilosec 20mg 1 PO BID PRN #60 with 3 refills is not established for this patient.