

Case Number:	CM15-0139710		
Date Assigned:	07/30/2015	Date of Injury:	10/17/2013
Decision Date:	08/28/2015	UR Denial Date:	07/11/2015
Priority:	Standard	Application Received:	07/21/2015

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: Arizona, 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:

The injured worker is a 30 year old male who sustained an industrial injury on 10-19-13. Initial complaints and diagnoses are not available. Treatments to date include medications, right shoulder surgery on 02-02-15, and physical therapy. Diagnostic studies are not addressed. Current complaints include right shoulder surgery. Current diagnoses include status post subacromial decompression. In a progress note dated 06-04-15, the treating provider reports the plan of care as medications including Norco, Omeprazole, Celecoxib, and Ultram and continued physical therapy. The requested treatment includes Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PPI Page(s): 68.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. In addition, the claimant had been on topical analgesics containing NSAIDS, which can increase the risk of systemic absorption and GI issues. Justification for multiple NSAID use is not provided and the need for a PPI is not substantiated. Therefore, the continued use of Omeprazole is not medically necessary.