

Case Number:	CM15-0140556		
Date Assigned:	07/30/2015	Date of Injury:	09/04/2012
Decision Date:	08/28/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/20/2015

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, Pain Management

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 63 year old female, who sustained an industrial injury on 9-4-12 Initial complaints were of her right shoulder, right arm, right wrist-hand and back injury. The injured worker was diagnosed as having radial styloid tenosynovitis; unspecified disorders of the bursae and tendons of the shoulder region; carpal tunnel syndrome; shoulder impingement; cervical radiculopathy; rotator cuff tear; rotator cuff syndrome. Treatment to date has included status post right shoulder arthroscopy (9-2013); status post right carpal tunnel release and wrist flexor tenosynovectomy (12-16-13); physical therapy; acupuncture; home exercise program; TENS unit; cognitive behavioral therapy; trigger point injections; Toradol injections; medications. Currently, the PR-2 notes dated 6-10-15 indicated the injured worker complains of pain level at 6 over 10. The provider documents the injured worker has not had physical therapy for the right shoulder yet but received a splint for the left hand. She still has tingling in the left hand and neck pain. He reviewed notes from another provider asking for more visits and physical therapy cites benefit from attending. Objective findings on this form note checked tender to palpation with normal gait. Range of motion is noted decreased neck and shoulder flexion 100, abduction 70 and Tinel's. The provider also notes a surgical scar on the right hand, "no SI, no HI, PMS spasms, TTP carpal canal, and weak grip". It is noted the injured worker had right shoulder rotator cuff repair with subacromial decompression surgery September 2013. The treatment plan includes a continuation of medications, physical therapy due to right shoulder impingement, and psychologist to continue 4-6 sessions for chronic pain. He notes an EMG/NCV study shows left carpal tunnel syndrome and cervical radiculopathy from 5-11-15. She has received Toradol injections for acute pain and cervical trigger point injections in 2014 and 2015. The provider is requesting authorization of Retrospective dos 6/10/15 Omeprazole 20mg qty 60.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective dos 6/10/15 Omeprazole 20mg qty 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127.

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. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.