

Case Number:	CM15-0161608		
Date Assigned:	08/27/2015	Date of Injury:	10/25/2013
Decision Date:	10/27/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/17/2015

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: Emergency 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 50 year old male, who sustained an industrial injury on October 25, 2013, incurring right shoulder injuries. He was diagnosed with a right shoulder rotator cuff tear and impingement syndrome. He underwent a surgical arthroscopic repair of the rotator cuff tear of the right shoulder. Treatment included physical therapy, anti-inflammatory drugs, proton pump inhibitor, physical therapy and home exercise program. The post-operative physical restoration program improved the injured worker's shoulder function and decreased his pain. Currently, the injured worker complained of increased right shoulder pain with heavy lifting and overhead activities. He noted limited range of motion and weakness of the right shoulder. He rated his pain 2 out of 10 on a pain scale from 1 to 10. The injured worker noted increased pain in the right shoulder with activities of daily living including showering, dressing, and household chores and getting in and out of his car. The treatment plan that was requested for authorization on August 13, 2015, included prescriptions for Voltaren ER 100mg #30 and Prilosec 20mg #30. On July 17, 2015, the request for prescriptions for Voltaren ER, and Prilosec was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren ER 100mg daily #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Voltaren is an NSAID. As per MTUS chronic pain guidelines, NSAIDs are recommended for short term pain relief. It is not recommended for long term use for patients with high blood pressure or cardiac risk factors due to increased risk for worsening cardiovascular problems. Patient has been on Voltaren for several months. Patient has noted mild 2-3/10 pain. Chronic use of an NSAID is not recommended due to significant side effects. It is noted that patient has GI upset from Voltaren. Not medically necessary.

Prilosec 20mg daily #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on Voltaren but in this review and on UR, it is not medically recommended. There is noted dyspepsia complaints. Patient is not high risk for GI bleeding. Since NSAIDs are not recommended in this patient, Prilosec/Omeprazole is not medically necessary.