

Case Number:	CM15-0180451		
Date Assigned:	09/18/2015	Date of Injury:	08/01/2014
Decision Date:	10/23/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/14/2015

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: Preventive Medicine, Occupational 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 59-year-old female, who sustained an industrial injury on 8-1-14. The injured worker has complaints of cervical spine pain is a 7 out of 1 to 10 on the pain scale and it is sharp and stiff. The injured worker has complaints of right shoulder pain that is 4 to 5 out of 1 to 10 on the pain scale and it is sore and dull. Magnetic resonance imaging (MRI) of the right shoulder on 11-11-14 reveals evidence of a superior labral tear, tendinosis and arthritis of the acromioclavicular (AC) joint and fibrosis of the rotator interval. Cervical spine range of motion is 50 percent of full with pain noted at all end points. The right shoulder demonstrates positive Neer's positive 90 degree cross over impingement test, positive Apley's, positive Hawkin's and weak abduction against resistance. The diagnoses have included cervical spine sprain and strain of a chronic nature; cervicgia; lumbar spine sprain and strain, non-compensable and status post right shoulder arthroscopy done on 6-30-15. Treatment to date has included arthroscopic debridement of anterior superior labral tear of the glenohumeral joint, arthroscopic subacromial decompression on 6-30-15; physical therapy; naproxen for baseline pain management and for inflammation; omeprazole to protect the gastric mucosa and tramadol for breakthrough pain. The original utilization review (8-26-15) non-certified the request for omeprazole 20mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Proton Pump Inhibitors.

Decision rationale: Guidelines are not supportive of the routine use of Proton Pump Inhibitors (PPIs - Omeprazole) unless there are specific patient risk factors associated with NSAID use. In the records sent for review, these necessary risk factors are not documented to be applicable to this individual (age 65 or more, history of GI bleeding, anti-coagulant use, unusual dosing, or specific symptoms related to medications). This class of drugs is not benign medications when utilized long term as they are associated with increased fractures, biological mineral dysregulation and there is recent evidence of increased cardiovascular risk. Under these circumstances, the Omeprazole 20mg #30 with 2 refills is not supported by Guidelines and is not medically necessary.