

Case Number:	CM15-0194767		
Date Assigned:	10/08/2015	Date of Injury:	07/15/2014
Decision Date:	11/25/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/05/2015

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, District of Columbia, Maryland

Certification(s)/Specialty: Anesthesiology, 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 62 year old male who sustained an industrial injury on 7-15-14. A review of the medical records indicates he is undergoing treatment for thoracic or lumbosacral neuritis or radiculitis, lumbar sprain, hypertension, sprains and strains of the elbow and forearm, neck sprain and strain, shoulder impingement syndrome, and pain in joint involving the shoulder region. Medical records (7-30-15 to 8-18-15) indicate a "flare-up" of pain in the shoulders and arms. The injured worker complains of left wrist swelling, left shoulder swelling, decreased range of motion in the neck, shoulders, elbows, and wrists, as well as pain in the right hip that radiates to the foot. He reports his right wrist pain is "very sharp". The physical exam (8-18-15) reveals diffuse tenderness of the neck "to the posterior muscles". Range of motion of the neck is noted to be limited "x 70 percent". Diffuse tenderness and swelling is noted of bilateral wrists, affecting the right greater than the left, with limited range of motion "x 50 percent". Bilateral elbows have tenderness over olecranon. The right shoulder is noted to be swollen with tenderness, "especially anteriorly". Limited "elevation" to 90 degrees is noted, as well as limited internal and external rotation. The back is noted to have "palpable spasms" of the paraspinal muscles in the lumbar area. The straight leg raise is positive on the right side. The right hip has limited range of motion with pain, "especially with flexion, abduction, and internal rotation". Diagnostic studies have included X-rays of the right shoulder, lumbar spine, and right hip, as well as an MRI of the right shoulder. Treatment has included physical therapy, a cortisone injection in the right shoulder, application of heat and cold, and a lumbar epidural steroid injection, as well as medications. His medications include Meloxicam and Benzapril. Treatment recommendations include an MRI of the lumbar spine, EMG-NCV study, and anti-inflammatory medications. The utilization review (9-18-15) includes a request for authorization of Omeprazole 20mg #30. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 (one daily): 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: In the treatment of dyspepsia secondary to NSAID therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a PPI. The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (1) age over 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). CPMTG guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20mg Omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (over 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is Naproxyn plus low-dose aspirin plus a PPI (Laine, 2006), (Scholmerich, 2006), (Nielsen, 2006), (Chan, 2004), (Gold, 2007), (Laine, 2007)." As there is no documentation of peptic ulcer, GI bleeding or perforation, or cardiovascular disease in the records available for my review, the injured worker's risk for gastrointestinal events is low, as such, medical necessity cannot be affirmed. The request is not medically necessary.