

Case Number:	CM15-0022737		
Date Assigned:	02/12/2015	Date of Injury:	03/08/2014
Decision Date:	04/02/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/06/2015

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: New York, West Virginia, Pennsylvania
 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 45 year old male who sustained an industrial injury on 03/08/2014. Current diagnoses include left shoulder rotator cuff tendinitis and left shoulder status post arthroscopy, subacromial decompression, and acromioclavicular joint resection. Previous treatments included medication management, left shoulder surgery on 10/02/2014, left shoulder injection, and therapy. Report dated 12/31/2014 noted that the injured worker presented with complaints that included a flare-up of left shoulder pain. Pain level was rated as 10 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings, but there were no gastrointestinal complaints noted. The physician noted that the omeprazole was prescribed as a non-steroidal anti-inflammatory disease (NSAID) gastritis prophylaxis. Utilization review performed on 01/09/2015 non-certified a prescription for omeprazole, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

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

Decision rationale: Guidelines indicate that patients at high risk for gi events include those who are over 65yrs, using high dose NSAIDs and patients at intermediate risk should be treated with a PPI. In this case, the clinical documents did not indicate that the patient was at intermediate or high risk for a gi event. In addition, the PPI was proposed to be used as an adjunct to the NSAIDs to address gi upset. Thus, the request for omeprazole is not medically necessary and appropriate.