

Case Number:	CM15-0210301		
Date Assigned:	10/29/2015	Date of Injury:	04/17/2013
Decision Date:	12/10/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/26/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 39 year old male who sustained an industrial injury April 17, 2013. Past history included a right knee arthroscopy with partial medial meniscectomy March 13, 2015, four jaw surgeries-status post right mandibular fracture 2013 and 2014, left shoulder surgery 2014, and plantar fasciitis. Diagnoses are shoulder pain; knee meniscal tear; cervical, thoracic and lumbar degenerative disease; sternal region pain; insomnia. According to a primary treating physician's progress report dated September 24, 2015, the injured worker presented with complaints of burning stabbing left shoulder pain radiating to the left upper extremity, associated with weakness with repetitive activities. The physician documented an MR arthrogram dated August 13, 2015 revealed extensive partial thickness tear of the distal supraspinatus tendon; moderate tendinopathy of the infraspinatus and subcapularis; mild osteoarthritis of the left acromioclavicular joint; diffuse blunting of the labrum. Current medication included Norco, Nortriptyline, Zolpidem, ibuprofen, and Omeprazole (since at least May 29, 2015). Objective findings included; gastrointestinal-positive for reflux; spasms noted in the left shoulder musculature, tenderness left acromioclavicular joint and glenohumeral joint. Treatment plan included encouraged with home exercises. At issue, is the request for authorization dated September 24, 2015 for Omeprazole. According to utilization review dated October 1, 2015, the request for Omeprazole Cap 20mg Quantity: 30 for a 30 day supply is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Cap 20 MG Qty 30 for 30 Days Supply: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, prilosec.

Decision rationale: The physician desk reference states the requested medication is indicated in the treatment of reflux disease. The patient does have the confirmed diagnosis of symptomatic gastrointestinal reflux disease. There are no documented contraindications to the medication. Therefore the request is medically necessary.