

Case Number:	CM15-0047730		
Date Assigned:	03/19/2015	Date of Injury:	03/28/2006
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/13/2015

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: Physical Medicine & Rehabilitation

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 60-year-old male, who sustained an industrial injury to the shoulder on 3/28/06 after pulling the hook on a fifth wheel. The diagnoses have included left shoulder pain status post surgery with residuals, insomnia from chronic pain, paresthesias and hypoesthesia to the left upper extremity, and right shoulder impingement. Treatment to date has included medications, surgery, physical therapy, chiropractic, injections, and activity modifications. Surgery has included multiple shoulder surgeries with most recent reverse shoulder arthroplasty done 4/6/11. Currently, as per the physician progress note dated 2/9/15, the injured worker complains of bilateral shoulder pain left greater than the right rated 7-8/10 on pain scale. The injured worker states that the pain is tolerable with use of Norco and he desires to continue medication regime with what he is doing now. Physical exam of the left shoulder revealed heat to palpation, tenderness, muscle spasm, and decreased range of motion. The sensation is decreased in the left fourth and fifth digit and ulnar area. The current medications noted were Soma, Naproxen, Norco and Omeprazole. The physician requested treatment included Omeprazole Cap 20 Mg 1 Daily to prevent gastrointestinal complications from Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Cap 20 Mg 1 Daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: The 59 year old complains of bilateral shoulder pain, rated at 7-8/10, as per progress report dated 02/06/15. The request is for OMEPRAZOLE CAP 20 mg 1 DAILY. There is no RFA for this case, and the patient's date of injury is 03/28/06. The patient is status post arthroscopic repair of left shoulder on 11/26/08, as per progress report dated 02/06/15. Diagnoses included left shoulder pain, insomnia, paraesthesia and hypoesthesia of left upper extremity, and right shoulder impingement. Medications included Norco, Soma, Naproxen and Omeprazole. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, a prescription for Omeprazole and Naproxen (NSAID) is noted in progress reports dated 12/03/14 and 02/06/15. In progress report dated 02/06/15, the treating physician states that the patient suffers from gastrointestinal upset due to medications. Omeprazole has been prescribed, "due to NSAID causing GI upset as well as to prevent GI complications from NSAIDs." Given the patient's GI symptoms, the request is reasonable, and IS medically necessary.