

Case Number:	CM15-0050508		
Date Assigned:	03/24/2015	Date of Injury:	03/10/2011
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/17/2015

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: Texas, Illinois

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 58 year old female, who sustained an industrial injury on 3/10/11. She reported bilateral hand and left shoulder injury. The injured worker was diagnosed as having myofascial pain syndrome, tendonitis and impingement syndrome of left shoulder and possible cervical radiculopathy. Treatment to has included Ibuprofen 800mg, Prilosec, Norco, Voltaren Gel and physical therapy. Currently, the injured worker complains of left shoulder pain. She also complains of trouble sleeping, heartburn, constipation, leg cramping, dizziness and ease of bruising. The injured worker noted medication significantly reduced the pain. Tenderness is noted to palpation of trapezius with palpable spasm of left shoulder with mild loss of active motion. Tenderness is also noted on palpation of the greater tuberosity. The treatment plan included refilling prescriptions including Omeprazole and authorization for acupuncture treatment of left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Criteria for Use, proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The injured worker sustained a work related injury on 3/10/11. The medical records provided indicate the diagnosis of myofascial pain syndrome, tendonitis and impingement syndrome of left shoulder and possible cervical radiculopathy. Treatment to has included Ibuprofen 800mg, Prilosec, Norco, Voltaren Gel and physical therapy. The medical records provided for review do not indicate a medical necessity for Omeprazole 20mg #60. Omeprazole is a proton pump inhibitor used in the treatment of gastritis or Gastroesophageal reflux disease or in as a prophylaxis in individuals at high risk for gastrointestinal side effects who are on high NSAIDs. The high risk individuals include (1) age greater than 65 years; (2) history of peptic ulcer, Gastrointestinal bleeding or perforation; (3) concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID plus low-dose Aspirin). The records indicate the injured worker does not belong to any of the listed group. Although the injured worker was on Ibuprofen 800 mg, this has been discontinued. The injured worker has been on Prilosec (Omeprazole) since 2013. The MTUS recommends against the use of proton pump inhibitors longer than a year due to the risk of hip fracture. The request is not medically necessary.