

Case Number:	CM14-0117354		
Date Assigned:	08/06/2014	Date of Injury:	04/20/2010
Decision Date:	09/30/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker's date of injury is 04/20/2010. This patient is treated for chronic low back pain, right shoulder pain, and right knee pain. Medical records regarding the original injuries were not provided. The patient underwent surgery to repair a torn right rotator cuff. On exam the patient had a reduced range of motion of the right shoulder. There was also some motor weakness. The patient received physical therapy and acupuncture. The medications in use include tramadol, Prilosec, and ketoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 capsules of Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole is a proton pump inhibitor (PPI) which may be medically indicated for patients who take either oral steroids or NSAIDs if they have had GI complications, such as upper or lower GI bleeding. There is no medical documentation of any prior GI hazards. Omeprazole is not medically indicated.

