

Case Number:	CM14-0120395		
Date Assigned:	09/16/2014	Date of Injury:	09/04/2008
Decision Date:	11/20/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/31/2014

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 Physical Medicine and Rehabilitation 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 58 year-old patient sustained an injury on 9/4/08 while employed by [REDACTED]. Request(s) under consideration include Omeprazole 20 mg po bid #60. Diagnoses include carpal tunnel syndrome s/p (status post) bilateral release and right shoulder arthroscopy SLAP repair in 2011; compensatory left shoulder; myofascial pain; and history of gastritis. Conservative care has included medications, physical therapy, TENS, home exercise program, and modified activities/rest. Report of 5/20/14 from the provider noted the patient with chronic ongoing symptoms in the left shoulder rated at 7/10; been using TENS and performing HEP (home exercise program) for management of pain which fluctuates. The patient was not working. Exam showed diffuse tenderness with hypertonicity in left trapezius and parascapular region; with decreased range of motion in upper extremity. Medication history included Tramadol/APAP, Theracane, and topical analgesics. The request(s) for Omeprazole 20 mg po bid #60 was non-certified on 7/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg po bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: This 58 year-old patient sustained an injury on 9/4/08 while employed by [REDACTED]. Request(s) under consideration include Omeprazole 20 mg po bid #60. Diagnoses include carpal tunnel syndrome s/p bilateral release and Right shoulder arthroscopy SLAP repair in 2011; compensatory left shoulder; myofascial pain; and history of gastritis. Conservative care has included medications, physical therapy, TENS, home exercise program, and modified activities/rest. Report of 5/20/14 from the provider noted the patient with chronic ongoing symptoms in the left shoulder rated at 7/10; been using TENS and performing HEP for management of pain which fluctuates. The patient was not working. Exam showed diffuse tenderness with hypertonicity in left trapezius and parascapular region; with decreased range of motion in upper extremity. Medication history included Tramadol/APAP, Theracane, and topical analgesics. The request(s) for Omeprazole 20 mg po bid #60 was non-certified on 7/3/14. There is no prescribed NSAID. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Although there is mention of history of gastritis, review of the records show no documentation of any symptoms, clinical findings, or GI diagnostic confirming issue to warrant this medication. Omeprazole 20 mg po bid #60 is not medically necessary and appropriate.