

Case Number:	CM14-0126938		
Date Assigned:	09/16/2014	Date of Injury:	05/23/2013
Decision Date:	10/16/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/11/2014

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 New Jersey and New York. 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:

The injured worker is a 60 year-old male who sustained a right shoulder injury by twisting it on 5/23/13 at his place of employment. He also complained of neck pain and paresthasias of his right third and fourth fingers. The patient had a right shoulder MRI in 10/2013 and he was diagnosed with chronic subacromial impingement syndrome of the right shoulder, degenerative joint disease of the right shoulder, partial-thickness undersurface supraspinatus and infraspinatus tendon tear, and superior labrum degenerative type I SLAP tear. He "failed all attempts at aggressive conservative management" with anti-inflammatories, physical therapy, neuromuscular re-education, home stretching, and supportive bracing. On 7/14/14, the patient had right shoulder arthroscopy for a rotator cuff repair, distal clavicle resection, subacromial decompression, and debridement of the SLAP tear. Post-operatively, he was treated with Norco. He was also prescribed Omeprazole and Naproxen which was switched to Tylenol. The patient began physical therapy including electric stimulation, therapeutic exercises, and hot packs, the following month. There was improvement in pain and less guarding on exam, but still with some pain at end range of motion for the right shoulder. Exam revealed a tender right shoulder with decreased range of motion. The patient had normal strength and sensation. Because the patient had complained of severe anxiety and depression, a psychological evaluation was ordered. Prilosec was requested to treat dyspepsia due to NSAID use or other medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <PPIs> <NSAIDs, GI symptoms>

Decision rationale: The request for Prilosec is not medically necessary. The patient was given long term NSAID use for several months until 7/5/14, when he was switched to Tylenol. During the time he was prescribed NSAIDs, he was also prescribed Omeprazole to protect against NSAID-induced gastric ulcers. However, it appears in documentation that he is no longer taking NSAIDs and would not require the use of PPI prophylaxis. PPI's carry many adverse effects and should be used for the shortest course possible.