

Case Number:	CM14-0140731		
Date Assigned:	09/10/2014	Date of Injury:	04/23/2012
Decision Date:	10/10/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/29/2014

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 Occupational 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:

The patient is an injured worker with the diagnoses of cervical spine strain with radicular complaints, right comminuted fracture of the proximal humerus with bone loss, status post ORIF open reduction internal fixation, status post hardware removal. Mechanism of injury was work related fall. Date of injury was April 23, 2012. Primary treating physician's orthopedic report dated July 29, 2014 documented subjective complaints of intermittent moderate neck pain with radiation to the shoulders bilaterally. Patient complains of sharp pain in the right shoulder and left shoulder, due to compensating for the right shoulder. Examination of the cervical spine reveals tenderness to palpation about the right trapezius and right paracervical musculature. There are muscle spasms noted. There is restricted range of motion due to complaints of pain. There was decreased sensation in the C5 and C7 distribution on the left side. Examination of the right shoulder reveals tenderness to palpation about the right trapezius musculature. There is a 10-12cm surgical scar that is slightly tender. There is a positive impingement sign. Range of motion includes flexion of 90 degrees, abduction of 90 degrees, external rotation of 15 degrees, and internal rotation of 15 degrees. Diagnoses were cervical spine strain with radicular complaints, right comminuted fracture of the proximal humerus with bone loss, status post ORIF Open Reduction Internal Fixation, status post hardware removal. Treatment plan included prescription medications. The patient was prescribed Tramadol, Naproxen 550 mg # 60, Cyclobenzaprine, and Omeprazole #30 20 mg for abdominal discomfort. Progress report dated 7/1/14 documented a prescription for Naproxen 550 mg #60. Utilization review determination date was 8/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Title 8. Decision based on Non-MTUS Citation Official Disability Guidelines: Work Loss Data Institute, Pain (Chronic)

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records document long-term use of prescription strength Naproxen 550 mg, which is a high dose NSAID and a gastrointestinal risk factor. A history of abdominal discomfort was documented. MTUS guidelines support the use of a proton pump inhibitor such as Omeprazole in patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records support the medical necessity of Omeprazole. Therefore, the request for Omeprazole 20mg #30 is medically necessary.