

Case Number:	CM14-0180518		
Date Assigned:	11/05/2014	Date of Injury:	02/21/2013
Decision Date:	12/11/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/30/2014

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, has a subspecialty in Pain Management 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 a 51 year old with an injury date on 2/21/13. Patient complains of right shoulder pain radiating to the right arm and right upper extremity, total pain rated 7/10 per 10/2/14 report. Patient had a follow-up with orthopedic doctor on 9/24/14 and was recommended surgery per 10/2/14 report. Based on the 10/2/14 progress report provided by [REDACTED] the diagnoses are: 1. full thickness and full width supraspinatus tear 2. possible anterosuperior labral tear 3. acromioclavicular joint arthropathy 4. right shoulder internal derangement 5. right shoulder subluxation 6. right shoulder labral tear 7. right shoulder impingement 8. right shoulder s/s Exam on 10/2/14 showed "right shoulder range of motion restricted by pain in all planes." Patient's treatment history includes medication (Omeprazole, Advil, Tylenol, Ultracet), and activity modification. [REDACTED] is requesting Omeprazole 20mg 1 tab PO daily #30 with 2 refills. The utilization review determination being challenged is dated 10/15/14. [REDACTED] is the requesting provider, and he provided treatment reports from 5/13/14 to 10/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg 1 tab PO daily #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, for Prilosec

Decision rationale: This patient presents with right shoulder pain, right arm pain, and right upper extremity pain. The provider has asked for Omeprazole 20mg 1 tab PO daily #30 with 2 refills on 10/2/14. Patient has been taking Prilosec since 5/13/14. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID unless GI risk assessment is provided that include age >65, concurrent use of ASA, anticoagulants, high dose NSAID, or history of bleeding ulcers, PUD, etc. In this case, current list of medications do include an NSAID (Advil). However, the provider does not provide GI assessment to warrant a prophylactic use of an PPI. There is no documentation on the reports as to how the patient is doing with the PPI, and it's efficacy. The patient has been taking a PPI for 4 months, and the provider does not discuss why this medication should be continued. Recommendation is for denial.