

Case Number:	CM13-0051280		
Date Assigned:	12/27/2013	Date of Injury:	08/02/1993
Decision Date:	03/03/2015	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/07/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 68 year old male with a date of injury of August 2, 1996. Results of the injury include right sided neck and shoulder pain. Diagnosis include history of neck and shoulder pain, history of cervical sprain/strain underlying spondylosis with severe facet arthrosis with a disk herniation at C5-C6, History of ORIF procedure, right shoulder girdle area for fracture and removal of hardware with a history of AC joint separation and persisting shoulder pain and muscle spasm and limited range of motion. Postoperative X-rays revealing AC joint arthritis, post traumatic calcification of the anterior glenoid with mild spurring, nonindustrial medical problems including tobacco use chronic obstructive pulmonary disease (COPD), hypertension, diabetes, hyperlipidemia, depression, and gastroesophageal reflux disease (GERD). Treatment has included oxycodone, trazadone, and omeprazole. Magnetic Resonance Imaging (MRI) revealed severe facet arthrosis, most significant at C5-6 level with neural foraminal compromise. Progress report dated September 9, 2013 showed very limited range to the right shoulder. There is palpable muscle spasm over the right cervical trapezius muscle extending upward into the neck. The neck range was very limited. Cervical compression caused neck pain that radiates in the right shoulder pain. Treatment plan included refill oxycodone, omeprazole, baclofen, and trazadone. Utilization review form dated September 27, 2013 non certified Omeprazole 20 mg # 30 due to noncompliance with Goodman and Gilman's the pharmacological Basis of Therapeutic guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's, the Pharmacological Basis of Therapeutics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 68-69.

Decision rationale: There is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that he has any risk factors for adverse gastrointestinal events. The documentation supports that the patient is using omeprazole for stomach upset associated with the use of opioid analgesic medications. The use of a proton pump inhibitor, omeprazole is not medically necessary.