

Case Number:	CM14-0163539		
Date Assigned:	10/08/2014	Date of Injury:	10/20/2000
Decision Date:	03/25/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/06/2014

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. 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: California, Indiana, New York
 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 patient is a 69 year old involved in a work injury during the course of his work as a cowboy on October 20, 2000. He injured his right shoulder, neck and lower back. He consulted a chiropractor whose diagnosis was strain/sprain shoulder, internal derangement shoulder cervical sprain/strain, and sacroiliac sprain/strain. He was referred to an occupational clinic. Thereafter he received conservative care because of persistent symptoms. The consulting physician's diagnosis was right shoulder acromioclavicular joint separation; impingement; and status post lateral hip contusion. The patient did not respond to the program and underwent right shoulder arthroscopy on July 24, 2000. The diagnosis at that time was rotator cuff tendinopathy; posttraumatic ossification; and glenolabral tear. Because of persistent cervical and lumbar symptoms, the patient underwent MRI scans of the neck and lower back. The cervical MRI in August 2001 described an annular tear at C5 C6 and the lumbar MRI showed a nonsurgical disc herniation at L3 L4. The patient denied any specific traumatic events other than his usual and customary job responsibilities as a ranch hand. These entail significant physical labor including repetitive kneeling, squatting and twisting. During a recent examination dated August 26 of 2014, the patient presented with back pain, neck pain, right elbow pain and right knee pain that was described as 'sharp, aching and shooting". The patient was taking omeprazole 40 mg daily as needed. Other medications or baclofen, cyclobenzaprine, and flurbiprophen (topical cream). Physical examination showed a normal gait, normal spine inspection, a limited motor examination due to pain. The neurologic evaluation was normal. The patient was told to continue

topical formula two to four times per day, continue his home exercise program and follow-up in 6 to 8 weeks. Under review is the medical necessity for omeprazole 40 mg. # 30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 40mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

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

Decision rationale: Guidelines for omeprazole use show that proton pump inhibitors (omeprazole) are recommended for patients taking nonsteroidal anti-inflammatories (by mouth) with risk factors. Risk factors include greater than 65 years of age, history of gastrointestinal issues such as gastritis and gastric ulcer, high dose nonsteroidal anti-inflammatories and also the patient's with gastroesophageal reflux disease. Medical documentation shows this patient did not have any gastrointestinal co-morbid conditions that warranted the use of omeprazole. Specifically, the patient had no history of G.I. bleeding, steroid use, high dose or multiple nonsteroidal anti-inflammatory use or gastro-esophageal reflux disease. The patient had a single risk factor for gastrointestinal event with his age exceeding 65 years. The patient was 69 years old. However, the patient had no other comorbid conditions that warranted the use of omeprazole. Consequently, the patient was at low risk for a gastrointestinal disorder. The omeprazole prescription was not medically necessary.