

Case Number:	CM14-0214977		
Date Assigned:	01/07/2015	Date of Injury:	01/17/2011
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63-year-old female with date of injury of 11/17/2011. The listed diagnoses from 11/04/2014 are: 1. Status post bilateral carpal tunnel release. 2. Status post left shoulder arthroscopy. 3. Status post right shoulder arthroscopy. 4. Right shoulder rotator cuff tendinitis. 5. Status post cervical spine decompression and fusion. 6. Left upper extremity radiculopathy. 7. Swallowing difficulties. 8. Depression. According to this report, the patient complains of neck and lower back pain. She currently rates her pain 6/10 to 7/10. The patient describes her pain as sharp and constant, with numbness and tingling in her upper extremities. She also reports shoulder pain. She continues to have depression secondary to her chronic pain and disability. Examination shows a positive tenderness over the paracervical musculature. Positive greater tuberosity tenderness on the bilateral shoulders was noted. Tinel's sign is positive on the bilateral wrists. Phalen's test is positive on the bilateral wrists. Treatment reports from 05/07/2014 to 11/04/2014 were provided for review. The utilization review denied the request on 11/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: This patient presents with neck, lower back, and shoulder pain. The treater is requesting OMEPRAZOLE 20 MG. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. MTUS also states, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The records show that the patient was prescribed omeprazole on 06/17/2014. The 11/04/2014 report notes, Omeprazole gives her relief from gastritis. In this case, the patient has noted gastrointestinal issues and MTUS supports the use of PPIs; however, there is no specified quantity. The current IMR request for an unlimited quantity of omeprazole 20 mg IS NOT medically necessary.