

Case Number:	CM15-0017133		
Date Assigned:	02/03/2015	Date of Injury:	05/27/2010
Decision Date:	03/30/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/26/2015

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 injured worker is a 60 year old male who sustained a work related injury May 27, 2010. Past history included knee surgery 2010 and right shoulder arthroscopy with extensive debridement/synovectomy; debridement biceps tendon, anterior superior and inferior labrum and rotator cuff; chondroplasty glenoid, acromioplasty; Mumford resection; rotator cuff repair September 19, 2014. Post-operative diagnoses documented as chronic right shoulder impingement syndrome; acromioclavicular arthrosis; rotator cuff tear; degenerative tear biceps tendon; degenerative tear anterior superior and inferior labrum' and Grade II chondromalacia glenoid. According to a primary treating physician's progress report dated December 9, 2014, the injured worker presented for follow-up with constant pain in the cervical spine 7/10 and right shoulder 4/10 and frequent pain in the low back 4/10. Diagnoses documented as joint derangement not otherwise specified shoulder s/p surgery; cervicalgia and lumbago. Treatment plan included requests for refilling of medications and pending authorization of additional physical therapy to the right shoulder. According to utilization review letter notification dated December 24, 2014, and decision dated December 23, 2014, the request for Omeprazole 20mg #120 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines, NSAID's, GI symptoms & cardiovascular risk.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 MG #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with neck pain radiating to upper extremities rated at 7/10, shoulder and low back pain radiating to lower extremities rated at 4/10. The request is for OMEPRAZOLE 20MG #120. The request for authorization is dated 12/16/14. The patient is status-post right shoulder surgery 09/19/14. Patient's range of motion is limited. Spurling's maneuver and seated nerve root test is positive. Patient's current medications include Nalfon, Omeprazole, Ondansetron, Cyclobenzaprine, Tramadol, Lunesta, Tylenol #3, Sumatriptan Succinate, Norco, Levofloxacin and Menthoderm Gel. The patient is not working. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per progress report dated 12/01/14, treater's reason for the request is for "GI symptoms." Treater has documented GI assessment to warrant a prophylactic use of a PPI. Per progress report dated 12/01/14, treater states "needed for upset stomach... The patient described a history of some epigastric pain and stomach upset while using NSAIDs in the past for chronic pain." Furthermore, the patient is currently prescribed oral NSAID. Therefore, the request IS medically necessary.