

Case Number:	CM15-0019462		
Date Assigned:	02/09/2015	Date of Injury:	09/10/2012
Decision Date:	03/31/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	02/02/2015

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, Pain Management

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 44 year old female injured worker suffered an industrial injury on 9/10/2012. The diagnoses were left shoulder impingement and probable rotator cuff tendinopathy. The diagnostic studies were magnetic resonance imaging of the left shoulder. The treatments were right shoulder arthroscopy physical therapy and medications. The treating provider reported complaints of continued pain in the left shoulder. On exam there was limited range of motion of the left shoulder with tenderness. The Utilization Review Determination on 12/30/2014 non-certified a retrospective request for Prilosec 20mg #60, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Prilosec 20mg #60: Upheld

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

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

Decision rationale: Omeprazole is a proton pump inhibitor (PPI). The Chronic Pain Medical Treatment Guidelines recommend that if a patient is at intermediate risk for gastrointestinal events and has no cardiovascular disease, then a non-selective NSAID with a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) can be used. The following is used to determine if a 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)." The submitted documentation lacks a discussion of previous gastrointestinal events or specific gastrointestinal risk factors which would warrant a proton pump inhibitor. The injured worker is prescribed Voltaren, but merely taking a nonselective NSAID does not warrant a proton pump inhibitor as per the Chronic Pain Medical Treatment Medical Guidelines. The age of this patient also does not fit risk factor criteria. This request for Omeprazole 20mg #30 is not medically necessary.