

Case Number:	CM15-0111286		
Date Assigned:	06/17/2015	Date of Injury:	06/05/2013
Decision Date:	07/16/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 was a 42 year old female, who sustained an industrial injury, June 5, 2013. The injured worker previously received the following treatments right shoulder MRI showed moderate supraspinatus tendinitis, left elbow MRI minor dorsal tissue edema, right elbow MRI mild dorsal soft tissue edema fluid, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities showed right median neuropathy at the wrist of mild to moderate severity, shoulder x-rays, right elbow x-rays, right wrist x-rays, Omeprazole, Tramadol, Naproxen, physical therapy, Ultracet and Vicodin. The injured worker was diagnosed with impingement syndrome, carpal tunnel syndrome, De Quervain's bilaterally, epicondylitis lateral bilaterally and epicondylitis medial bilaterally. According to progress note of April 9, 2015, the injured workers chief complaint was shoulder pain. The pain was aggravated by reaching, lifting shoulder above the chest. The pain was described as sharp, stabbing and throbbing. The pain was moderate to severe. The injured worker received a shoulder injection. The injured worker was nor meeting therapeutic goals at this time. The physical exam noted there was decreased range of motion of the left shoulder. The right shoulder MRI was reviewed. The treatment plan included a prescription for Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

Decision rationale: Omeprazole #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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 guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor and the request, furthermore, does not specify a quantity therefore the request for Omeprazole is not medically necessary.