MAXIMUS Federal Services

Case Number:	CM15-0112877		
Date Assigned:	06/19/2015	Date of Injury:	07/12/2008
Decision Date:	07/22/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/10/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 49-year-old who has filed a claim for chronic knee, low back, leg, and shoulder pain reportedly associated with an industrial injury of July 12, 2008. In a Utilization Review report dated May 27, 2015, the claims administrator failed to approve requests for Omeprazole and a shoulder corticosteroid injection. The claims administrator referenced a RFA form received on May 15, 2015 in its determination. The applicant's attorney subsequently appealed. On January 6, 2015, the applicant reported ongoing complaints of shoulder, knee, low back, and neck pain. The applicant's medication list included Norco, Ativan, Nucynta, and Prilosec. The applicant's gastrointestinal review of systems was "negative," the treating provider acknowledged. The applicant was off of work, on total temporary disability, following earlier failed right and left shoulder surgeries, it was reported. Norco and Soma were renewed. The attending provider stated, somewhat incongruously, that the applicant carried a diagnosis of GERD in the diagnoses section of the report, but never explicitly stated that the applicant personally had symptoms of reflux. It was not likewise stated whether or not Prilosec was or was not effectual here.On March 24, 2015, the applicant reported ongoing complaints of neck pain, low back pain, knee pain, and shoulder pain. The applicant was again placed off of work, on total temporary disability, it was reported. Once again, the applicant was using Soma, Norco, Ativan, and Prilosec. Multiple medications were renewed, again without seeming discussion of medication efficacy. The applicant's GI review of systems was negative, the treating provider reported. Once again, it was not stated whether or not ongoing usage of Prilosec was or was not effective here. In a progress note dated April 28, 2015, the applicant

reported ongoing complaints of bilateral shoulder pain, right greater than the left. The applicant was using Soma, Norco, Ativan, and Prilosec, it was reported on this date. Norco and Soma were renewed. Prilosec and trazodone were refilled. It was not clearly stated whether Prilosec was or was not effectual here. The applicant's GI review of systems was, moreover, negative. The applicant was placed off of work, on total temporary disability. The attending provider stated that he was seeking authorization for left shoulder cortisone injection on the grounds that the applicant had developed worsening symptoms of shoulder impingement. Positive provocative testing about the shoulder was appreciated on exam, with diminished shoulder strength and painful range of motion also noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #30 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk; Functional Restoration Approach to Chronic Pain Management Page(s): 69; 7.

Decision rationale: No, the request for Omeprazole (Prilosec), a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID, induced dyspepsia, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider shoulder incorporate some discussion of medication efficacy into its choice of recommendations. Here, however, the attending provider never explicitly stated whether ongoing usage of Prilosec was or was not effectual. While the attending provider did list reflux as one of the stated diagnoses in several progress notes referenced above, these reports were, however, contravened by the attending provider's commentary to the fact that the applicant's GI review of systems was entirely negative. The attending provider did not, as known previously, ever state whether or not ongoing usage of Omeprazole was or was not proving effective here, it was further noted. Therefore, the request was not medically necessary.

Cortisone injection for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 213.

Decision rationale: The request for a shoulder cortisone injection was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 notes that two or three subacromial cortisone injections are recommended over an extended period as part of the rehabilitation program to treat rotator cuff inflammation or impingement syndrome, as was present here, however, it was not clearly stated how many prior shoulder cortisone injections the applicant had had. ACOEM Chapter 9, Table 9-6, page 213 notes that the frequent usage of cortisone injections into the shoulder joint or subacromial space is "not recommended." It is further noted that the applicant was off of work, on total temporary disability, as of the date of the request. It did not appear that the applicant was intent on employing the proposed cortisone injection in conjunction with a rehabilitation program or exercise program. Therefore, the request was not medically necessary.