

Case Number:	CM15-0126747		
Date Assigned:	07/13/2015	Date of Injury:	04/12/2002
Decision Date:	08/20/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/30/2015

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: 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 injured worker is a 56 year old female who sustained an industrial injury on 4/12/02. She had complaints of right shoulder and right arm pain. Progress report dated 6/2/15 reports continued complaints of right shoulder and right elbow pain. The pain has become worse over the last two to three months. Diagnoses include: right shoulder impingement, right shoulder rotator cuff tear, right shoulder acromioclavicular joint degeneration, right biceps tendinitis, right elbow lateral epicondylitis and right elbow extensor tendinitis. Plan of care includes: request MRI of right shoulder and right elbow and prescriptions given for Iodine 400 mg twice per day, Prilosec 40 mg once per day and Tramadol ER 100 mg twice per day. Work status: continue full duty without restrictions. Follow up in 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pos RFA Omeprazole Cap 20mg 30-day supply QTY: 60 with 3 refills Rx Date: 6/15/15:
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 & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. In this case, the injured worker has had a history of gastrointestinal events, which may necessitate the use of Prilosec when using NSAIDs. The request for Pos RFA Omeprazole Cap 20mg 30-day supply QTY: 60 with 3 refills Rx Date: 6/15/15 is medically necessary.