

Case Number:	CM15-0040663		
Date Assigned:	03/10/2015	Date of Injury:	03/24/2014
Decision Date:	05/11/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	03/03/2015

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: Arizona, California, Florida
 Certification(s)/Specialty: Family Practice

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 54-year-old male who reported an injury on 03/24/2014. The mechanism of injury involved repetitive activity. The current diagnoses include cervical radiculopathy, right shoulder SLAP tear, reactive sleep disturbance and reactive depression with anxiety. The injured worker presented on 01/13/2015 for a follow-up evaluation with complaints of right shoulder pain. It was noted that the injured worker underwent a right shoulder injection, which provided 12 days of symptom relief. The injured worker reported constant right shoulder pain with tingling and radiating symptoms, worse at night. Previous methods of treating the right shoulder pain included TENS therapy, ice therapy, and medications. The current medication regimen includes ibuprofen. Upon examination, there was positive Hawkins and crossover testing, positive drop arm testing, tenderness over the right cervical paravertebral musculature and right trapezius, flexion to 60 degrees, extension to 20 degrees, abduction to 60 degrees, adduction to 20 degrees, internal rotation to the hip, and external rotation to 45 degrees. There was giveaway weakness in the right upper extremity with elbow flexion and extension. Sensation was also decreased over the right lateral forearm in the C5-6 dermatomes. Recommendations included an EMG/NCV of the right upper extremity, and MRI of the cervical spine, 8 sessions of acupuncture, and a psychological consultation for evaluation of sleep disturbance, depression and anxiety. The injured worker was also issued a prescription for tramadol 150 mg, Senokot, omeprazole 20 mg, Lunesta 1 mg, and cyclobenzaprine 7.5 mg. A Request for Authorization form was then submitted on 01/15/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Cap 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitors, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There was also no frequency listed in the request. Given the above, the request is not medically necessary.