

Case Number:	CM15-0079601		
Date Assigned:	04/30/2015	Date of Injury:	07/26/2011
Decision Date:	06/03/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/25/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 61 year old female, who sustained an industrial injury on 7/26/11. She reported a right shoulder injury. The injured worker was diagnosed as having acute right shoulder strain with partial rotator cuff tear, impingement and bursitis of right shoulder, left shoulder pain and status post third open surgery to right shoulder. Treatment to date has included multiple right shoulder surgeries, oral medications including opioids, cortisone injection and (MRI) magnetic resonance imaging of right shoulder. Currently, the injured worker complains of unchanged right shoulder pain rated 8/10. Physical exam noted cramping around bicep area and weakness with range of motion. The treatment plan included prescriptions for Cyclobenzaprine, Tramadol HCL ER and Naproxen along with arthroscopy of right shoulder and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #45 with 2 refills: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: In regard to GI prophylaxis MTUS states "Determine if the 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)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. Additionally, though this IW has been on her current GI treatment regimen for an extended period there is no evidence provided of objective improvement which is required for long-term continuation of therapy. As such, the request for Omeprazole 20mg #45 is deemed not medically necessary.

Ranitidine 150mg #45 with 2 refills: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Ranitidine is an H2 antagonist used for the treatment of stomach ulcers and gastroesophageal reflux. MTUS states, "Determine if the 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)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The patient does not meet the age recommendations for increased GI risk. The medical documents provided establish the patient has experienced GI discomfort, but is nonspecific and does not indicate history of peptic ulcer, GI bleeding or perforation. Medical records do not indicate that the patient is on ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. Additionally, though this IW has been on her current GI treatment regimen for an extended period there is no evidence provided of objective improvement which is required for long-term continuation of therapy. As such, the request for Ranitidine 150mg x 45 is deemed not medically necessary.

Simethicone 80mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate; simethicone.

Decision rationale: MTUS is silent in regards to simethicone. Simethicone is an OTC medication indicate for the treatment of flatulence and gas pressure discomfort. UpToDate states that while simethicone is "widely used" to treat gaseous complaints it has "never been shown to be of any benefit." UpTodate recommends "dietary measures that include the avoidance of foods that may contribute to the problem." The available medical records do not note any first line treatment (avoidance) or counseling and as there is no specific indication based on objective findings in the record, the request for simethicone 80mg x 90 is deemed not medically necessary.