

Case Number:	CM13-0058026		
Date Assigned:	12/30/2013	Date of Injury:	09/04/2010
Decision Date:	09/26/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/26/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63 year-old man who was injured on March 10, 2010 and has complained since then of neck pain, left upper back pain and left shoulder pain. He had a left shoulder replacement on August 31, 2011. His last office visit in the attached documentation is October 15, 2013 when he complained of unchanged 7/10 neck pain, left upper back pain and left shoulder pain since replacement. His exam on this date showed thoracic spine tenderness, cervical spine limitation in range of motion, and decrease in left shoulder strength. He was prescribed Tramadol, temazepam, physical therapy, psychiatric evaluation, and omeprazole. However, his diclofenac and triazolam were discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

RX:PRILOSEC/OMEPRAZOLE 20MG: Upheld

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 Page(s): 68.

Decision rationale: This injured worker has no history of gastrointestinal problems, no evidence of medication-induced gastro-esophageal reflux disease and his non-selective nonsteroidal anti-

inflammatory drugs (NSAID) has been discontinued. Per the Medical Treatment Utilization Schedule (MTUS), a proton pump inhibitor may be indicated with use of a nonsteroidal anti-inflammatory drug (NSAID). The injured worker's nonsteroidal anti-inflammatory drugs (NSAID) were discontinued October 15, 2013. Therefore, omeprazole is not indicated.