

<b>Case Number:</b>	CM13-0011719		
<b>Date Assigned:</b>	09/27/2013	<b>Date of Injury:</b>	09/02/2003
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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.

### 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 patient is a 56-year-old, 5'2", 150 lbs, female with a 9/2/2003 industrial injury. The 6/11/13 report from [REDACTED] states the patient was still having 5/10 neck pain, 0/10 right shoulder pain, 5/10 left shoulder pain, 4/10 right wrist pain and 6/10 left wrist pain, and low back pain is 0/10. The patient was taking Lorcet 7.5mg bid, Prilosec 20mg bid and Xanax 1mg at night. She had undergone left shoulder arthroscopic subacromial decompression and partial distal claviclectomy on 4/19/13. She was diagnosed with persistent right AC joint pain, left shoulder overuse syndrome, s/p bilateral CTR, left ulnar nerve compression at the elbow and wrist, s/p right shoulder SAD, distal claviclectomy, s/p MUA, and cervical DDD. The 4/30/13 report from [REDACTED] shows the patient was taking Lorcet, Prilosec and Xanax. There is a 4/19/13 report from [REDACTED] documenting hypertension, anemia, dyslipidemia and GERD and clears the patient for the left shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO Omeprazole 20mg #90, DOS: 6/11/13: Upheld**

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

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

**Decision rationale:** On the 6/28/12 cardiology consultation with [REDACTED], the patient had chest pain and was determined to have coronary artery disease. On the 4/19/13 report from [REDACTED], he states the patient was documented with GERD, and she eventually received medical clearance for the shoulder surgery performed on 4/19/13. The boxed label/FDA indication for Prilosec is GERD. MTUS does not discuss Prilosec, other than for use with NSAIDs or with GI and cardiovascular risk factors. The patient does have cardiovascular risk factors, but is not reported to be on NSAID therapy on the 6/11/13 or 7/23/13 reports. On the 9/10/13 report, she is reported to be using Motrin 800mg 3 times/day. I am asked to review the necessity of omeprazole for 6/11/13. There appears to be an indication for omeprazole since 4/19/13 for GERD, but none of the available reports discuss efficacy of any of the medications. On page 9, MTUS states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." In this case, the medical reports do not discuss efficacy of omeprazole and continued use of an ineffective therapy is not in accordance with MTUS guidelines.