

<b>Case Number:</b>	CM13-0032908		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	03/04/2003
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 53 year old female who was sitting a student into his chair when the student became agitated. The patient redirected him and the student pulled on the patient injuring her left shoulder on July 5th, 2003. The patient had many years of left shoulder, cervical and lumbar discomfort. The patient has undergone a left shoulder arthroscopy, subacromial decompression and AC joint resection in either late June or early July, 2013. As part of her post-operative care, provided a NSAID (Anaprox 500mg) for pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20MG #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain Chapter, Proton Pump Inhibitors.

**Decision rationale:** The guidelines indicate that proton pump inhibitors are recommended for patients at risk for gastrointestinal events with Omeprazole providing a statistically significantly greater acid control than lansoprazole. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs

are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. As the patient was prescribed an NSAID following left shoulder arthroscopy for pain reduction, the request for omeprazole is to preclude development of NSAID induced gastritis, an indication for its use. The request has merit and is therefore medically necessary.