

<b>Case Number:</b>	CM13-0037004		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	11/30/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 Internal Medicine 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 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 41-year-old male who reported an injury on 11/30/2012 after working in a cooler and pulling on one of the trays when he felt an immediate pop in the right shoulder, neck and midback area. The clinical note dated 07/18/2013 indicated diagnoses of right shoulder bursitis and impingement, right shoulder AC DJD and thoracic and cervical spine strain/sprain. The injured worker reported a left shoulder injury in 2008 that caused pain in the left side of his neck. He reported that the residual left shoulder/neck pain was a 1/10 to 2/10. The injured worker reported headache, neck pain and back pain rated at an 8/10. On physical exam of the right shoulder, the range of motion for flexion was 0 to 160 degrees; abduction was 0 to 160 degrees, internal rotation was 0 to 70 degrees and external rotation was 0 to 70 degrees. Adduction and extension were 0 to 40 degrees. The injured worker had positive bursitis and impingement symptoms and there was tenderness to palpation over the AC joint. The injured worker had pain with cross arm testing in the AC joint and positive spasms in the trapezius region. The injured worker had a positive O'Brien's test, and there was tenderness to palpation in the paraspinal musculature and pain with extension. In the thoracic spine, there was tenderness to palpation with muscle spasms and decreased range of motion. The unofficial x-ray on 07/18/2013 revealed moderate AC DJD. The Request for Authorization dated 07/18/2013 was submitted for omeprazole; naproxen sodium; tramadol ER; a consult with a spine specialist; chiropractic therapy 2 times a week for 4 weeks for the right shoulder for conditioning purposes; a med panel to evaluate hepatic and renal function; medications including a trial of tramadol ER 30 tablets to take 1 a day, naproxen 50 to take up to 2 per day for inflammation and Prilosec for gastric protection due to NSAID use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI Symptoms & Cardiovascular Risk & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs Page(s): 68.

**Decision rationale:** The California MTUS Guidelines recommend the use of proton pump inhibitors when the patient is at intermediate risk for gastrointestinal events and on Non-Steroidal Anti-Inflammatory Drugs (NSAID). The injured worker is on NSAIDs; however, there is no evidence in the documentation provided of a risk for gastrointestinal events. In addition, the request did not indicate a frequency for the medication. Therefore, the request is not medically necessary and appropriate.