

<b>Case Number:</b>	CM13-0037360		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/11/2009
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 38-year-old female patient with a 2/11/09 date of injury. She was unloading a big-rig full of electronic equipment when a tall stack of boxes toppled over onto the patient. She had immediate head and shoulder pain. 7/19/13 progress report indicated that patient complained of 50% neck pain, 50% left arm pain. She described neck pain as aching, stabbing pain with pins and needles radiating to her mid back. The patient also reported aching in bilateral shoulder and stabbing pain down the arms. She indicated that her usual pain is rated 5/10 to 7/10, can sit only 30 min, stand for about 3 hour, and walk for about an hour. 2010 she had distal clavicle excision. On 03/2011, she had left shoulder arthroscopy and debridement. She was diagnosed with left acromial fracture, status post two left shoulder surgeries, status post multiple strains/sprains with only short-lived neck pain prior to the work-related injury, mid cervical disk disease with cervical sprain/strain. Treatment included Naproxen 550 mg, Zanaflex 4 mg, Prilosec 20 mg, Neurontin 600 mg, Vitamins, Supplements, Metformin 900 mg. 10/9/2013 progress report indicated that the patient had injection into the left shoulder, consisting of 2 cc of Lidocaine and Dexamethasone. 12/13/2013 progress report indicated that the pain stayed about the same. Objective findings indicated cervical spine ROM decreased about 10% 6/11/09 MRI of left shoulder indicated labral tear. She was diagnosed with labral tear of left shoulder, status post surgery with distal clavicle resection, R/O acute tear, and cervical strain. There is documentation of a previous 9/26/13 adverse determination, because there was no documentation to support that any irritation of the stomach was a result of the use of other medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRILOSEC (OMEPRAZOLE) 20MG, OD 50 CAPSULES FOR SYMPTOMS RELATED TO LEFT SHOULDER AND CERVICAL SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (Pain Chapter) Other Medical Treatment Guideline or Medical Evidence: FDA (Prilosec).

**Decision rationale:** The MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. 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. The patient presented with pain in the neck, shoulder, and upper extremities. Treatment plan included Naproxen 550 mg, Zanaflex 4 mg, Prilosec 20 mg, Neurontin 600 mg, Vitamins, Supplements, Metformin 900 mg. However, there was no evidence of stomach irritation related to medication use. In addition, there was no documentation of diagnosis of GERD or erosive esophagitis. There remains no report of gastrointestinal complaints. Therefore, the request for Prilosec 20mg was not medically necessary.