

<b>Case Number:</b>	CM13-0057361		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/26/2011
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Physical Medicine & Rehabilitation, 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 34-year-old male patient who sustained an industrial injury on 08/26/2011 when he had a direct hit against the shoulder from a blow pipe and immediately had sharp severe pain in the shoulder. The patient is diagnosed with cervical radiculopathy. Patient has a history of C5-7 anterior interbody fusion on 02/04/13 and status post arthroscopic acromioplasty, Mumford, superior labrum from anterior to posterior (SLAP) repair and extensive debridement of labral tear on 02/03/12. Treatment plan on 10/14/13 indicates the patient was to continue medications and the patient denies adverse/GI side effects. Treatment plan on 10/28/13 indicates the patient was to continue medications and the patient denies adverse/GI side effects. The patient was prescribed Norco and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20 MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. There is a mention of an ER visit from 2004 with an impression including an unconfirmed peptic ulcer; however, given that the patient was not utilizing NSAIDs at the time of the request and the only history of GI events is an unconfirmed report from almost 10 years prior, there is no clear indication for the use of the medication. In light of the above issues, the currently requested omeprazole is not medically necessary.