

<b>Case Number:</b>	CM13-0063022		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/26/2011
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 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 patient is a 49 year old female who was injured on 06/26/2011, when attempting to open a heavy window with broken rollers. Prior treatment history has included the patient undergoing left shoulder arthroscopy under anesthesia dated 08/21/2013: 1) Arthroscopic extensive debridement of rotator cuff. 2) Arthroscopic rotator cuff repair. 3) Arthroscopic subacromial decompression with resection of coracoacromial ligament. The patient has undergone ultrasound guided needle placement of the left shoulder on 11/12/2013. Medications include Percocet, Tramadol, Nortriptyline, and Voltaren Gel. Diagnostic studies reviewed include x-ray of the left shoulder dated 08/27/2013, which revealed no fracture or dislocation of the left shoulder joint. MRI of the lumbar spine dated 03/14/2012 revealed mild to moderate central disc protrusion at L4-L5 mildly flattening the thecal sac and accompanying lumbar facet arthropathy causing borderline stenosis at this level. PR-2 dated 11/07/2013 documented the patient to have complaints of pain located on her left thigh, left knee, left arm, left shoulder, neck and lower back. Pain is constant, pulsating, aching, numbness, sharp and shooting. Patient states medication alleviates the pain. Patient states bending down, standing up, driving, walking downstairs, sitting and walking for long periods of time aggravates her pain. Without pain medications her pain level would be 10/10 and with pain medications it is 5/10. The patient states 50-60% pain relief with current medications for 2-3 hours. She is with functional limitations due to pain including difficulty with ADLs such as self-care and household chores. Objective findings on exam revealed 5/5 strength in left upper extremity, 5/5 in left lower extremity. Range of motion left shoulder improved to 90 degrees flexion and abduction, positive SLR at 30-45 degrees in an L4 distribution, moderate tenderness to palpation bilateral cervical paraspinous muscles left greater than right with twitch response. Diagnoses are Acromioclavicular joint arthritis, Partial tear of rotator cuff, Degeneration of cervical

intervertebral disc, Intervertebral cervical disc disorder with myelopathy, cervical region, Lumbosacral spondylosis without myelopathy, and Spinal stenosis of lumbar region. Treatment Plan included Tramadol 50 mg, Nortriptyline 10 mg, discontinued physical therapy, Voltaren Gel, and Percocet.

### **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 Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). However, none of the above listed criteria apply to this patient. The MTUS guidelines recommend GI protection for patients with specific risk factors; however, the medical records do not establish the patient is at significant risk for GI events. Therefore, the request for Omeprazole 20mg # 30 is not medically necessary and appropriate.