

<b>Case Number:</b>	CM14-0101118		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/11/1997
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Connecticut. 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:

After careful review of the medical records, this is a 70 year old female with complaints of shoulder pain and low back pain. The date of injury is 8/11/97 and the mechanism of injury is not documented. At the time of request for Prilosec 20mg #60, there is subjective (right shoulder pain, low back pain, left ankle pain) and objective (morbid obesity, antalgic gait using a walker, no comprehensive exam is documented) findings, imaging findings (8/29/03 MRI cervical and lumbar shows multi-level cervical disc protrusion C3/4,C4/5,C5/6,C6/7 and L4-5 anteriolisthesis with disc protrusions L3/4 thru L5/S1,1/12/04 MRI right shoulder which shows ganglion cyst biceps tendon, full thickness tear supraspinatus tendon, ac arthritis, ankle MRI 7/23/12 shows ankle fracture, tendinopathy), diagnoses (impingement right shoulder, fracture lateral malleolus, lumbar radiculopathy, lumbar disc protrusion), and treatment to date (medications, physical therapy). As there is no documentation of any adverse symptoms related to pharmacologic treatment, Prilosec is not medically necessary. Actually, there is no documentation to even support the continued use of an NSAID as there is no mention of analgesic efficacy or functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole (Prilosec) 20mg capsule Quantity: 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006., Physician's Desk Reference, 68th ed., [www.RxList.com](http://www.RxList.com), ODG Workers Compensation Drug Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm) [druigs.com](http://druigs.com) [epocrates.com](http://epocrates.com) Online, monthly prescribing reference, [www.empr.com](http://www.empr.com) Opioid Dose Calculator - AMDD Agency Medical Director's Group Dose Calculator, [www.agencymeddirectors.wa.gov](http://www.agencymeddirectors.wa.gov).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines, the addition of a PPI to long term NSAIDs use may be recommended if the patient is having related gastrointestinal symptoms. As there is no documentation of any adverse symptoms related to pharmacologic treatment, this medication is not medically necessary. Actually, there is no documentation to even support the continued use of an NSAID as there is no mention of analgesic efficacy or functional improvement. Therefore, the request is not medically necessary.