

<b>Case Number:</b>	CM14-0106071		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/09/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 51-year-old gentleman was reportedly injured on December 9, 2013. The mechanism of injury is noted as lifting a patient. The most recent progress note, dated May 27, 2014, indicates that there are ongoing complaints of bilateral shoulder pain and right wrist pain. The physical examination of the shoulders demonstrated tenderness over the acromion and supraspinatus tendon the was a positive impingement test and an equivocal drop arm test. There was decreased range of motion of the shoulders bilaterally. Examination the right wrist noted tenderness over the dorsal radial carpal joint there was also decreased right wrist range of motion. Decreased sensation was noted at the C5, C6, and C7 dermatomes bilaterally. Diagnostic imaging studies of the and right shoulder noted an articular surface tear of the footprint of the supraspinatus. An MRI the right wrist noted a potential contusion versus degenerative changes at the proximal pole of the hamate along with mild tendinosis and tenosynovitis. Previous treatment includes physical therapy and oral medications. A request had been made for Prilosec and was not certified in the pre-authorization process on June 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68.

**Decision rationale:** Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.