

<b>Case Number:</b>	CM14-0047655		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/31/2003
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 Occupational 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:

Patient is a 51 year-old female with date of injury 03/31/2003. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/27/2013, lists subjective complaints as ongoing pain in the neck, right shoulder, hand and wrist. Patient states that her right shoulder is progressively getting worse. Objective findings: Physical examination of the cervical spine revealed multiple tender points and spasm on the right upper and mid trapezius muscle. Range of motion was reduced due to pain. Examination of the right shoulder revealed tenderness over the acromioclavicular joint and biceps tendon. Reduced range of motion and guarding were noted. Examination of the right wrist and hand revealed decreased grip strength to bilateral hands. There was decreased median nerve sensation greater on the right than the left. Diagnosis: 1. Mild cervical discopathy. 2. Right shoulder impingement syndrome. 3. Carpal tunnel syndrome, status post release. 4. Left wrist ganglion cysts. 5. Status post right shoulder arthroscopy. 6. Left shoulder arthrosis. The medical records provided for review document that the patient has been taking the following medications for at least as far back as 08/16/2013. Medications: 1. Omeprazole Dr:20, #100 (no SIG given).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole Dr: 20: Quantity 100 (30 Day Supply): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 68 Page(s): 68.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines and prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. The request is not medically necessary.