

<b>Case Number:</b>	CM14-0054952		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/23/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 injured worker is an August 23, 2010. The mechanism of injury is noted as a fall off a ladder. The most recent progress note dated May 19, 2014, indicates that there are ongoing complaints of pain in the neck and right shoulder. There were no reported side effects of medications with the use of omeprazole and medications were stated to help reduce pain by 40% to 50% and improve activities of daily living. The physical examination demonstrated decreased range of motion of the right shoulder as well as tenderness over the cervical spine and right sided trapezius. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes cognitive behavioral therapy, a home exercise program, and the use of a transcutaneous electrical nerve stimulation unit. A request had been made for omeprazole any therapeutic ultrasound for the right upper arm and was not certified in the pre-authorization process on March 31, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Omeprazole 20mg Date of Service (DOS): 03/14/14 quantity: 60.00: 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 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 omeprazole is not medically necessary.

**Retrospective Therapeutic ultrasound applied to right upper arm DOS: 03/14/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, Hand, Therapeutic Ultrasound, Updated August 8, 2014.

**Decision rationale:** According to the Official Disability Guidelines therapeutic ultrasound is not recommended for the arm. There is only weak evidence of a short-term benefit of therapeutic ultrasound for distal radius fractures. Considering this, this request for therapeutic ultrasound for the right upper extremity is not medically necessary.