

<b>Case Number:</b>	CM14-0088973		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/12/2007
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 57-year-old gentleman was reportedly injured on July 12, 2007. The mechanism of injury is noted as a repetitive motion injury. The most recent progress note, dated April 29, 2014, indicates that there are ongoing complaints of cervical spine pain, foot pain, and bilateral shoulder pain. The physical examination demonstrated decreased range of motion of the cervical spine fine secondary to pain. There was tenderness over the cervical spine at C5, C6, and C7. There was decreased range of motion of shoulders and a positive Hawkins test, Neer's test, Job's test, and empty can test. There was tenderness at the heel of both feet. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes an arthroscopic right shoulder surgery x 2, right wrist surgery, and left shoulder surgery. The injured employee has also received acupuncture treatment, chiropractic care, and physical therapy. A request had been made for Prilosec and was not certified in the pre-authorization process on May 29, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 MG Take One Daily Quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**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.