

<b>Case Number:</b>	CM14-0097207		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/11/1997
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 a 71 year old female who was injured on 08/11/1997 due to an unspecified mechanism of injury. Her diagnoses include right impingement syndrome, fracture of the lateral malleolus, lumbar herniated nucleus pulposus, and lumbar radiculopathy. Her past treatments included medications, activity modification, and physical therapy. On 04/24/2014, the injured worker complained of right shoulder pain, low back pain with radiation to both lower extremities, and left ankle pain. Physical examination findings included limited lumbar range of motion due to pain. Her medications include aspirin, Vicodin, Flexeril, Prilosec, lisinopril and Celebrex. A request was received for Omeprazole (Prilosec) 20 mg #60. The rationale for the request was not clearly stated. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole (Prilosec) 20 mg. #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ACOEM Guidelines: Low Back Disorders also Used. Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006 Physician's Desk Reference, 68th ed. www.RxList.com. ODG Workers Compensations Drug Formulary, www.odg-twc.com/odgtwc/formulary, htmldrugs.com Epocrates Online, www.online.epocrates.com

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The California MTUS guidelines state that proton pump inhibitors may be recommended for patients taking NSAIDs who are shown to be at increased risk for gastrointestinal events or for those with complaints of dyspepsia secondary to NSAID use. The injured worker has been taking Prilosec since at least 03/18/2013. However, the submitted documentation does not address the injured worker's risk for gastrointestinal events or whether she has had complaints of dyspepsia secondary to NSAID therapy. In absence of the documentation, the request is not supported. Additionally, the request, as submitted, did not specify a frequency of use. As such, the request for Omeprazole (Prilosec) 20 mg. #60 is not medically necessary.