

<b>Case Number:</b>	CM14-0192065		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 57 year old male with an injury date of 04/25/14. Per the 10/08/14 progress report the patient presents with continued frequent, severe, sharp, stabbing, burning right shoulder pain with stiffness, numbness and weakness. Right shoulder examination reveals positive Speed's, impingement and arm drop. There is pain and weakness on resisted external rotation with arm at the side along with some atrophy of the rotator cuff. The patient's diagnoses include: 1. Right shoulder severe residuals after arthroscopic/open procedure (date unknown) 2. Large retracted rotator cuff tear, with atrophy 3. AC arthrosis, down sloping acromion As of 10/08/14 continuing medications include: Tramadol, Naproxen, Menthoderm and Omeprazole. The utilization review being challenged is dated 10/21/14. Reports were provided from 05/21/14 to 11/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

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

**Decision rationale:** The patient presents with severe right shoulder pain with stiffness, numbness and weakness. The treater requests for Omeprazole 20 mg #60 per 10/08/14 Request for Authorization. California MTUS Guidelines non-steroidal anti-inflammatory drugs (NSAIDs), GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The reports provided show the patient has been taking this medication since before 09/10/14. The treater does not discuss Omeprazole, and no GI issues are documented for this patient. An NSAID (Naproxen) is prescribed; however, there is no GI assessment as required by MTUS. Furthermore, the treater does not state the intended use of the medication or whether or not it helps the patient. In this case, the request is not medically necessary.