

<b>Case Number:</b>	CM14-0209938		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 66 year old male with the injury date of 10/17/12. All the reports provided by the treating physician contain little information regarding the patient's condition, treatment history, medications, etc. Per physicians report 11/07/14, the patient has bilateral shoulder osteoarthritis, right greater than left. Right shoulder demonstrates active forward to 90 degrees and active abduction to 80 degrees, while left shoulder demonstrated active forward to 100 degrees and active abduction to 80 degrees. The lists of diagnoses are: Adhesive capsulitis of shoulder, other affections shoulder region neck and Rotator cuff sprain/ strain. Per 10/10/14 progress report, the patient is s/p left shoulder arthroscopic rotator cuff repair on 03/21/13. Per 08/29/14 progress report, the patient has bilateral shoulder pain at 8-9/10. MRI from 12/12/13 reveals subsequent full thickness re-tear. The treating physician requested a full shoulder x-ray series of his bilateral shoulder with a CAT scan to assess bone quality for the pending joint replacement surgeries. He is not exercising. He takes Diclofenac and CapCream topical compound with minimal relief. Treatment reports were provided from 05/19/14 to 11/07/14.

### 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 and Cardiovascular Risk.

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

**Decision rationale:** The patient presents with pain and weakness in both of his shoulders. The patient is s/p left shoulder arthroscopic rotator cuff repair on 03/21/13. The request is for Omeprazole 20 mg #60. None of the reports mention this medication. MTUS guidelines page 69 recommends prophylactic use of PPIs when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, none of the reports mention this medication except the request. The treating physician does not provide any GI assessment to determine whether or not the patient would require prophylactic use of PPI. There is no documentation of any GI problems such as GERD or gastritis to warrant the use of PPI either. The request is not medically necessary.