

<b>Case Number:</b>	CM15-0003631		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	08/26/2011
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 (IW) is a 35 year old male who sustained an industrial injury on 08/26/2011. He has reported pain in the left and right shoulders, upper back and neck. The diagnoses have included cervical sprain/strain of the neck, shoulder strain, unspecified site, and cervical radiculitis. Treatment to date has included Norco, a TENS (Transcutaneous electrical nerve stimulation) unit which the IW states helps the pain, and physical therapy which the IW states makes the shoulder more uncomfortable. Currently, the IW complains of pain in both right and left shoulder with a complaint of the neck and back "locking up". On 12/24/2014 Utilization Review non-certified a request for Omeprazole 20mg #60 noting the IW has no documentation of being at intermediate risk of a gastrointestinal event. The MTUS Chronic Pain, NSAIDs Guidelines were cited. On 01/07/2015, the injured worker submitted an application for IMR for review of the non-certified medication.

### 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 Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67.

**Decision rationale:** Omeprazole 20 mg #60 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen; therefore, the requested medication is not medically necessary.