

<b>Case Number:</b>	CM15-0009956		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	03/12/2014
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: California  
Certification(s)/Specialty: Family Practice

### 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 49 year old male, who sustained an industrial injury on March 12, 2014. He has reported injury to his right shoulder when he slipped and fell. The diagnoses have included rotator cuff syndrome and wrist sprain. Treatment to date has included diagnostic studies and medication. Currently, the injured worker complains of severe right shoulder pain. On January 7, 2015, Utilization Review non-certified Omeprazole 20 milligrams #60, noting the California Medical Treatment Utilization Schedule and Official Disability Guidelines. On January 16, 2015, the injured worker submitted an application for Independent Medical Review for review of Omeprazole 20 milligrams #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg, 1 Tab Twice Daily, #60, 1 Refill, Prescribed 12/16/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Proton Pump Inhibitors

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of proton pump inhibitors (PPIs) such as omeprazole in the treatment of gastrointestinal symptoms caused by the use of NSAIDs. These guidelines state that the use of PPIs is determined by the patient's risk for a "gastrointestinal event." Specifically, Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recommendations Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. In this case there is no evidence provided that this patient has any of the above stated risk factors for a gastrointestinal event that warrants use of a PPI. Specifically, the patient is under age 65 and has no documented history of a gastrointestinal bleed, history of a peptic ulcer or perforation, or is on an anticoagulant or multiple NSAIDs. Further, the dose frequency of omeprazole exceeds the recommendations of 20 mg daily. For these reasons, omeprazole 20 mg 1 tablet twice daily is not considered as a medically necessary treatment.