

<b>Case Number:</b>	CM15-0104845		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	02/24/1995
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: North Carolina

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 58 year old female, who sustained an industrial injury on 02/24/1995. She has reported injury to the neck, right shoulder/arm, left shoulder/arm, right wrist/hand, left wrist/hand; and right foot. The diagnoses have included cervical spondylosis without myelopathy; and bilateral shoulder impingement syndrome. Treatment to date has included medications, diagnostics, rest, ice, physical therapy, and surgical intervention to both shoulders and to the right foot. Medications have included Tramadol, Anaprox, Flexeril, and Omeprazole. A progress note from the treating physician, dated 05/04/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of intractable neck pain; bilateral shoulder pain; pain radiates from the neck to leg; pain is aggravated by prolonged sitting, turning neck, standing, bending, stooping, twisting, bulling, gripping, and grasping; pain is relieved by resting, medications, massage, bracing, therapy, and acupuncture; associated symptoms include stiffness, weakness, numbness, tingling, locking, popping, and swelling; and the impact of symptoms is affecting activities of daily living. Objective findings included tenderness to palpation to the mid-cervical area; moderate paraspinal spasms noted; painful and limited cervical range of motion; cervical axial loading is positive with bilateral radiation to the shoulders; decreased sensation to pinwheel testing to medial forearm, middle finger, and ulnar digits; tenderness to palpation of the right anterior shoulder region; decreased right shoulder range of motion; positive acromioclavicular joint compression test and positive cross-chest test on the right; tenderness to palpation of the left anterior shoulder region; decreased and painful range of motion to the left shoulder; positive Neer and Hawkin's impingement signs and positive

cross-chest, acromioclavicular joint compression, O'Brien's tests on the right. The treatment plan has included the request for Omeprazole 20 mg quantity: 60, 2 times a day.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Omeprazole 20 mg Qty 60, 2 times daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-72.

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. 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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. 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 (200g 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. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons, the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore, the request is not medically necessary.