

<b>Case Number:</b>	CM15-0105238		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	11/12/2014
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/04/2015
<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: New York

Certification(s)/Specialty: Internal Medicine

### 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 62 year old female, who sustained an industrial injury on 11/12/2014. She reported injuring his right shoulder and lower back while repositioning a patient while at work and was diagnosed with a lumbar strain and right shoulder strain. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having right shoulder pain and dysfunction, right shoulder impingement, right shoulder acromioclavicular joint arthrosis, and right shoulder high grade partial versus small full thickness rotator cuff tear. Treatment and diagnostics to date has included right shoulder MRI which showed a high grade partial thickness versus small full thickness tear of the anterior supraspinatus, physical therapy, home exercise program, steroid injections, and medications, including anti-inflammatories. In a progress note dated 04/22/2015, the injured worker presented with complaints of right shoulder pain. Objective findings include right shoulder tenderness with positive impingement. The treating physician reported requesting authorization for Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): GI Symptoms & cardiovascular risk, Prilosec (Omeprazole).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines: PPIs.

**Decision rationale:** According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.