

<b>Case Number:</b>	CM15-0164884		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	08/09/1992
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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, Indiana, 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:

This is a 58-year-old male who sustained an industrial injury on 08-09-1992. Diagnoses include shoulder pain and cervical radiculitis. Treatment to date has included medication, physical therapy and shoulder surgery. According to the progress notes dated 6-1-2015, the IW (injured worker) reported right shoulder pain with radiation to the right shoulder blade, trapezius, right upper extremity and to all the fingers with numbness, tingling and weakness. He stated he awoke every morning with a numb arm and the numbness did not go away all day. Norco and Lyrica were helpful, but did not alleviate the numbness. He indicated the pharmacy had changed his Celebrex to generic, which caused gastrointestinal (GI) upset; he stopped taking it. He continued to work. On examination, cervical spine range of motion was decreased and painful. There was hypersensitivity in all dermatomes on the right upper extremity. Deep tendon reflexes were 1+ in the triceps, bilateral biceps and brachioradialis. The right shoulder was tender to palpation over the acromioclavicular joint and anterior shoulder. Range of motion caused pain at the limits of abduction and flexion. A request was made for Omeprazole delayed release 20mg, #60 for GI upset.

### 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 & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Proton pump inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker is working diagnoses or shoulder pain; and cervical radiculitis. The date of injury is August 3, 1992. Request for authorization is August 1, 2015. The earliest progress note containing omeprazole is dated January 12, 2015. Omeprazole was prescribed at Omeprazole 20mg one tablet b.i.d. The most recent progress was June 1, 2015. Subjectively, the injured worker complains of shoulder pain. The injured worker is status post 2 shoulder reconstructions. The treating provider prescribed Celebrex that resulted with stomach upset. Celebrex was ultimately discontinued. Current medications include Norco and cyclobenzaprine with no nonsteroidal anti-inflammatory drugs. There is no clinical indication or rationale for a proton pump inhibitor in the absence of risk factors or co-morbid conditions for gastrointestinal events. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and documentation demonstrating peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs, Omeprazole 20mg #60 is not medically necessary.