

<b>Case Number:</b>	CM15-0165162		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	08/03/2011
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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:

The injured worker is a(n) 53 year old male, who sustained an industrial injury on 8-3-11. He reported pain in his right shoulder and right upper extremity. The injured worker was diagnosed as having chronic pain syndrome, right elbow pain, right wrist pain, reflux sympathetic dystrophy of the upper extremity and allodynia of the right upper extremity. Treatment to date has included an EMG-NCV of the upper extremities on 6-18-14 showing left C6 radiculitis and bilateral carpal tunnel syndrome, a right shoulder MRI on 10-1-13 and psychiatric treatments. Current medications include Prilosec, Flexeril, Lunesta, Gabapentin, Lidoderm patches, Tramadol ER, Naproxen and Percocet. On 7-10-15 the injured worker reported taking Prilosec for gastrointestinal upset caused by NSAIDs. He indicated that his medications improve his quality of life and he is able to spend more time with family and help with household chores. As of the PR2 dated 8-11-15, the injured worker reports right shoulder and right upper extremity pain. He rates his pain a 7-8 out of 10 without medications and 3-5 out of 10 with medications. Objective findings include limited range of motion in the right shoulder, elbow and wrist, diffuse tenderness to palpation of the right shoulder and 5 out of 5 strength in the right upper extremity. The treating physician requested Prilosec 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Prilosec 20mg #60 (DOS: 08/11/2015): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, retrospective Prilosec 20 mg #60 date of service August 11, 2015 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's working diagnoses are right shoulder pain; chronic pain syndrome; right elbow pain; right wrist pain; reflex sympathetic dystrophy of the upper extremity; allodynia of the right upper extremity; left C6 radiculitis; and carpal tunnel syndrome. Date of injury is August 3, 2011. Request for authorization is August 11, 2015. The documentation shows the treating provider prescribed omeprazole as far back as March 2015. The start date is not specified in the medical record. According to an August 11, 2015 progress note. The injured worker's subjective complaints are right shoulder pain and upper extremity pain. The injured worker was recently weaned off antidepressants and is doing well. Review of systems and documentation does not show evidence of comorbid conditions or risk factors for gastrointestinal events. There is no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. The treating provider references Omeprazole and its use for "G.I. upset". G.I. upset is a very non-descriptive term. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no comorbid conditions or risk factors for gastrointestinal events and no clinical indication or rationale, retrospective Prilosec 20 mg #60 date of service August 11, 2015 is not medically necessary.