

<b>Case Number:</b>	CM15-0188420		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	02/03/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Texas, 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 27 year old male, who sustained an industrial injury on 2-03-2014. The injured worker is being treated for post-concussion syndrome, right shoulder acromioclavicular cartilage disorder, right shoulder subacromial -sub deltoid bursitis, supraspinatus and infraspinatus tendinitis, right wrist status-post distal radius fracture, small tear of the medial portion of the superior labrum and cervical sprain-strain. Treatment to date has included diagnostics, surgical intervention (right wrist arthroscopy and debridement on 11-04-2014), modified work, medications including NSAIDs and physical therapy. Per the Primary Treating Physician's Comprehensive Orthopedic Evaluation Report dated 8-13-2015, the injured worker presented for follow-up. He reported headache rated as 5 out of 10 that radiates to the top of the right shoulder, neck pain rated as 6 out of 10, right shoulder pain rated as 5 out of 10 and right wrist pain rated as 5 out of 10. Objective findings included pain noted upon range of motion of the cervical spine and right wrist. There is no documentation of gastritis symptoms or risk factors. Work status was restricted. The plan of care included medications including Ibuprofen and Omeprazole and authorization was requested for Omeprazole 20mg #30. On 8-28-2015, Utilization Review non-certified the request for Omeprazole 20mg #30. The patient's surgical history include right wrist surgery on 11/4/14. The medication list includes Celebrex, naproxen, ibuprofen and Omeprazole. Patient was prescribed Omeprazole due to complaints of gastritis symptoms. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." The patient has had GI symptoms with medications and also the patient is taking NSAIDs for this injury. The medication list includes Celebrex, naproxen, ibuprofen and omeprazole. The patient was prescribed Omeprazole due to complaints of gastritis symptoms. There are significant GI symptoms, along with NSAID use. The request for Omeprazole 20mg #30 with 2 refills is medically necessary and appropriate for this patient.