

<b>Case Number:</b>	CM15-0191622		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	06/06/1995
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 60 year old female, who sustained an industrial injury on 06-06-1995. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar discopathy, bilateral carpal tunnel syndrome and right shoulder impingement syndrome. Medical records (09-03-2015) indicate ongoing low back and right shoulder pain. Pain levels were not mentioned, and activity levels and level of function were not discussed. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-03-2015, revealed mild antalgic gait, tenderness, guarding and restricted range of motion (ROM) in the lumbar spine, positive straight leg raise, limited ROM in the right shoulder, positive impingement sign, residual tenderness over carpal tunnel surgery sites in the hands, limited palmar dorsiflexion, and limited ROM in the fingers. Relevant treatments have included: bilateral carpal tunnel releases, work restrictions, and medications (transdermal analgesic medication). The request for authorization (09-15-2015) shows that the following medication was requested: omeprazole DR 20mg #180 with 1 refill. The original utilization review (09-20-2015) non-certified the request for omeprazole DR 20mg #180 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20mg #180 with 1 refill: Upheld**

**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 Chronic Pain Medical Treatment Guidelines, page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. Proton pump inhibitors may be indicated 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). 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 (200 g four times daily) or (2) a Cox-2 selective agent. In this case, the submitted documents do not support that the injured worker has a current history of, or is at risk for adverse gastrointestinal event. Based on the guidelines, the request for Prilosec is not medically necessary.