

<b>Case Number:</b>	CM15-0193064		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	08/09/2010
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 59 year old male, who sustained an industrial injury on 8-9-10. The injured worker was diagnosed as having right shoulder impingement syndrome with labral tear; lumbar discopathy with disc displacement; lumbar radiculopathy; bilateral sacroiliac arthropathy. Treatment to date has included medications. Currently, the PR-2 notes dated 8-29-15 indicated the injured worker returned to the office for an orthopedic re-evaluation and treatment. He continues to complain of right shoulder pain and is aggravated by pushing, pulling, or overhead movements. He also complains of low back pain centered over bilateral sacroiliac joints. The low back pain radiates down in both legs and is associated with numbness and tingling. The low back is said to be aggravated by twisting, bending or direct pressure over the sacroiliac joints. He has seen an orthopedic surgeon in regards to the right shoulder "labral tear" and was told he would require surgery. He is pending authorization for a referral to psychiatrist regarding his depression secondary to his pain. The provider documents "The patient's pain rating before taking Fexmid is 8 and now it is 6. His pain before taking Ultram ER is 9 and now it is 7. His pain before taking Paxil is 8 and now it is 6. His pain before taking Lunesta is 9 and now it is 5. His pain before taking Nalfon is 8 and now it is 7. His pain before taking Prilosec is 8 and now it is 6. The patient states the medications are helpful in alleviating the pain." On physical examination, the provider notes the right shoulder has tenderness to palpation over the right acromioclavicular joint. Neer's, Hawkin's and O'Brien's test was positive. Examination of the lumbar spine reveals tenderness to palpation over the lumbar paraspinal musculature. There is decreased range of motion secondary to pain and stiffness. There is tenderness to palpation in

bilateral sacroiliac joints. FABER-Patrick's test is positive. Supine straight leg raising test is positive 20 degrees bilaterally. Motor strength is 5 out of 5 in the bilateral upper and lower extremities with normal bulk and tone. Sensation is diminished to light touch and pinprick in bilateral S1 dermatomal distribution. The provider remarks that the nerve conduction studies performed 3-13-15 are essentially normal. He does not define if the studies were upper, lower, or bilateral studies of the extremities. His treatment plan includes a request for Prilosec. The medical documentation does not indicate if Prilosec was initiated prior to 2015. A Request for Authorization is dated 9-28-15. A Utilization Review letter is dated 9-16-15 and non-certification for Prilosec (Omeprazole DR) 20mg, #90. A request for authorization has been received for Prilosec (Omeprazole DR) 20mg, #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prilosec (Omeprazole DR) 20mg, #90:** Upheld

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

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

**Decision rationale:** The medical course has included the use of several medications including NSAIDs. Omeprazole (Prilosec) is a proton pump inhibitor, which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 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). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole. Therefore, the request is not medically necessary.