

<b>Case Number:</b>	CM15-0026383		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	07/31/2010
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old female, who sustained an industrial injury on July 31, 2010. The mechanism of injury is unknown. The diagnoses have included left shoulder strain/sprain/tendinitis/bursitis/impingement, status post left shoulder subacromial injection and status post left long trigger finger with subsequent release with residuals. Treatment to date has included diagnostic studies, shoulder injection, physical therapy and medications. Currently, the injured worker complains of pain in the left shoulder and arm. She rated her pain as a 9 on a 1-10 pain scale. There was grade 2 tenderness to palpation of the left shoulder and arm. Range of motion of the left shoulder was restricted. Impingement, Supraspinatus and Codman's drop arm tests were positive. On February 4, 2015, Utilization Review non-certified Omeprazole 20mg #60, noting the CA MTUS Guidelines. On February 11, 2015, the injured worker submitted an application for Independent Medical Review for review of Omeprazole 20mg #60.

### 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 Risks Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Although there was noted symptoms, the patient has discontinued NSAIDs and submitted reports have not described or provided any GI diagnosis, clinical findings, or confirmed diagnostic testing that meet the criteria to indicate medical treatment to warrant this medication. The Omeprazole 20mg #60 is not medically necessary and appropriate.