

<b>Case Number:</b>	CM15-0214235		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	05/08/2014
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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 64 year old male who sustained an industrial injury on May 08, 2014. The worker is being treated for: left arm and left shoulder pain with injury; rotator cuff syndrome, and cervicgia. Subjective: July 15, 2015 he reported present complaint of pain in the neck, left shoulder, left arm, left elbow, left wrist and left hand. The pain is associated with numbness, tingling and weakness to the left arm and hand. October 07, 2015 he reported "feels constipated often." Objective: July 15, 2015 noted gastrointestinal assessment positive for heartburn. October 07, 2015 noted "the patient reports of improvement with stomach aches and heartburns," which allows continuous use of NSAIDs for pain, inflammation, and swelling reduction, and to be more active with work activities and house chores. Diagnostic: May 2104 radiographic study of left shoulder and arm and July 2014 MRI obtained. Medication: July 15, 2015: Naproxen, Ketorolac, and Lyrica and requested authorization for Tramadol, diclofenac, and Prilosec. August 12, 2015 noted POC stopped all analgesic medications due to side effects and noted prescribed Colace treating Opioid induced constipation. October 07, 2015 noted "no active medications," and prescribed Tramadol, Omeprazole, and Docusone. Treatment: July 15, 2015 the worker reported initially being administered epidural steroid injection and SI joint injection from general practitioner which provided "no significant pain relief;" along with 8 sessions of acupuncture, exercise program, and TENS unit therapy which provided him with "moderate pain relief." He was also provided a course of physical therapy that offered "no significant relief." On September 22, 2014 he underwent left shoulder surgery. On October 20,

2015 a retrospective request was made for Omeprazole 20mg #60 DOS October 07, 2015 that was noncertified by Utilization Review on October 29, 2015.

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

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

#### **Omeprazole 20mg #60 (DOS 10/07/15): Overturned**

**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 patient presents with pain in the neck, left shoulder, left arm, left elbow, left wrist, and left hand. The request is for Omeprazole 20mg #60 (DOS 10/07/15). The request for authorization form is dated 10/20/15. Patient's diagnoses include cervicalgia; rotator cuff syndrome. Physical examination of the cervical spine reveals full range of motion in all planes. There is tenderness to palpation over the left superior trapezius. Exam of the left shoulder reveals range of motion to forward flexion is 90 degrees, abduction is 90 degrees, external rotation is 50 degrees, internal rotation is 40 degrees, and extension is 10 degrees. There is tenderness to palpation over the anterior and posterior aspects of the shoulder. There is positive Hawkin's test. Per progress report dated 10/07/15, patient's medications include Tramadol, Omeprazole, and Docuprene. Per work status report dated 11/11/15, the patient is temporary totally disabled. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per progress report dated 10/07/15, treater's reason for the request is "The patient reports of improvement with stomach aches and heartburns which allows continuous use of NSAIDs for pain, inflammation, and swelling reduction and be more active with work activities and house chores." Per UR letter dated 10/29/15, the request was denied based on "There is no report of current NSAID use, plan for NSAID use of symptoms of gastric distress." On the contrary, review of provided medical records show the patient was prescribed Diclofenac. In this case, treater has provided documentation of dyspepsia secondary to NSAID therapy and an option is for the use of PPI. Therefore, the request is medically necessary.