

<b>Case Number:</b>	CM15-0037353		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	09/05/2009
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 63 year old male, who sustained an industrial injury on September 5, 2009. The injured worker had reported neck, lumbar spine and bilateral shoulder pain. The diagnoses have included status post-concussion syndrome with post traumatic headaches, bilateral shoulder strain, status post right shoulder surgery in 2012, status post left shoulder surgery in 2014, bilateral elbow and wrist strain, lumbar strain with left radicular radiculopathy, cervical strain and insomnia secondary to the chronic pain. Treatment to date has included medications, radiological studies, physical therapy, chiropractic care and psychotherapy. Current documentation dated October 28, 2014 notes that the injured worker reported daily headaches, bilateral shoulder pain, bilateral elbow and forearm pain, wrist pain and numbness, low back pain which radiated into the left groin and left medial leg and neck pain with radiation to the vertex and scapular area. Physical examination of the lumbar spine revealed tenderness, spasms and a decreased range of motion. Straight leg raise was positive on the left. Cervical spine examination revealed tenderness, spasms and a decreased range of motion. Spurling's sign was negative bilaterally. Right shoulder examination showed a decreased range of motion. The injured worker was noted to have an antalgic gait and used a cane for ambulation. The treating physician recommended Omeprazole due to gastroesophageal reflux from chronic opioid use. On February 4, 2015 Utilization Review non-certified a request for Omeprazole 20 mg # 60. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** Omeprazole 20mg # 60 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen; therefore, the requested medication is not medically necessary.