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| <b>Case Number:</b>   | CM15-0044281 |                              |            |
| <b>Date Assigned:</b> | 03/16/2015   | <b>Date of Injury:</b>       | 03/21/2012 |
| <b>Decision Date:</b> | 04/17/2015   | <b>UR Denial Date:</b>       | 02/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/09/2015 |

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 43 year old female, who sustained an industrial injury on 3/21/2012. She reported injury while washing lenses in a finishing area. The injured worker was diagnosed as having right shoulder impingement syndrome, right elbow recalcitrant epicondylitis, left shoulder rotator cuff tendinitis, left lateral epicondylitis resolved and anxiety/depression. Treatment to date has included medication management. Currently, a progress note from the treating provider dated 1/13/2015 indicates the injured worker reported moderate to severe right shoulder pain.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are right shoulder impingement syndrome; right elbow recalcitrant lateral epicondylitis; left shoulder rotator cuff tendinitis secondary to overuse; left elbow lateral epicondylitis result; and anxiety and depression. The treating physician is awaiting authorization for right shoulder arthroscopy, subacromial decompression, AC joint resection because the injured worker failed conservative treatment. A progress note dated January 13, 2015 states Omeprazole 20 mg was prescribed to reduce nonsteroidal anti-inflammatory drug induced gastritis. Diclofenac was denied because of its increased risk profile. There are no comorbid conditions or past medical history compatible with peptic ulcer disease, G.I. bleeding, concurrent use of aspirin or corticosteroids, etc. Additionally, the proper dosing and frequency for Omeprazole is 20 mg one tablet once per day. The treating physician wrote for Omeprazole 20 mg #60. This translates into one tablet omeprazole 20 mg b.i.d. Consequently, absent clinical documentation with risk factors or co-morbid conditions compatible with G.I. events (supra), Omeprazole 20 mg #60 is not medically necessary.