

<b>Case Number:</b>	CM15-0056359		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	12/21/2009
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 29 year old female, who sustained an industrial injury on 12/21/2009. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, MRIs of both shoulders, and right shoulder surgery (x2). Currently, the injured worker complains of cervical spine and bilateral shoulder pain rated 6/10. The diagnoses include status post right shoulder arthroscopy (03/13/2013), right shoulder strain/sprain, left shoulder strain/sprain. The treatment plan consisted of continuation of medications (including omeprazole), chiropractic treatment, return to work with restrictions, and follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (web: updated 2/10/15) Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with cervical spine and bilateral shoulder pain which is at 6/10. The request is for OMEPRAZOLE 20mg #30 with 1 refill on 01/27/15. The patient's work status is returned to work on 01/27/15 with restrictions. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of reports shows that the patient has been on Omeprazole prior to 09/02/14 report. Per 01/27/15 report, the patient takes Ibuprofen for the pain and uses Norco occasionally. In this case, the patient is not on oral NSAIDs to consider PPI for prophylactic use. Review of the reports does not show evidence of gastric problems that would require treatments with PPI's. There is no mention of any problems with GI issues. The request IS NOT medically necessary.