

<b>Case Number:</b>	CM15-0056533		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	08/18/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Family Practice

### 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 57 year old male, who sustained an industrial injury on 8/18/08. He has reported injury to neck and right upper extremity. The diagnoses have included chronic pain syndrome, adhesive capsulitis of shoulder, and cervicobrachial syndrome. Treatment to date has included medications, occupational therapy, physical therapy, surgery, psychological therapy, and chiropractic. Surgery has included 3 shoulder surgeries. The current medications included Norco and Omeprazole. Currently, as per the physician progress note dated 3/3/15, the injured worker complains of right shoulder and neck pain. The pain was described as burning, tingling and cramping and rated 4-8/10 on pain scale. Physical exam of the right shoulder revealed positive muscle spasm and limited movement. The objective complaints revealed pain in the right acromioclavicular joint and limited range of motion in all planes of the right shoulder with weakness. The injured worker states that the overall pain was improved with use of medications. The physician noted that the use of the medication reduces the pain, increases activity tolerance with no side effects. The urine drug screen dated 10/2014 was consistent with prescribed medications. The physician requested treatment includes Prilosec 20mg, #30 with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg, #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

**Decision rationale:** Proton pump inhibitors such as Prilosec are indicated for patients on NSAID?s at intermediate risk for gastrointestinal events. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records available to this reviewer did not indicate that this worker was at risk for gastrointestinal events. There was also no diagnosis of any condition for which Prilosec would be indicated. Therefore, the request is not medically necessary.