

<b>Case Number:</b>	CM15-0058225		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	06/03/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Emergency 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 60 year old male, who sustained an industrial injury on 6/3/14. He reported complained he fell on the right side of his body. The injured worker was diagnosed as having fall trauma; pain right shoulder; contusion right hip; cervical neck sprain/strain; lumbar sprain/strain; right shoulder rotator cuff. Treatment to date has included x-ray right shoulder (11/4/14); right hip (9/26/14); MRI lumbar spine (12/27/14); physical therapy; Toradol Injection right shoulder ((1/13/15); medications. Currently, the PR-2 notes dated 3/2/15; the injured worker is there for follow-up of cervical spine, left shoulder, and hip and lumbar spine. Pain scale is 8/10 with discomfort described as burning, sharp and pain and inflammation. Medication is noted to help, but symptoms have been present for several months and more noticeable at night. He is experiencing cervical discomfort as sharp, tingling, shooting and severe. The provider's treatment plan includes house physical therapy and medications. These medications were denied: Omeprazole and Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors - non-steroidal anti-inflammatory drugs (NSAIDs). Decision based on Non-MTUS Citation ACOEM Guidelines - NSAIDs Page 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69 Page(s): 68-69.

**Decision rationale:** The requested Omeprazole is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh 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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors". The injured worker has pain to cervical spine, left shoulder, and hip and lumbar spine. The treating physician has not documented medication-induced GI complaints or GI risk factors, or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Omeprazole is not medically necessary.

**Ibuprofen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs). Decision based on Non-MTUS Citation ACOEM Guidelines - NSAIDs Page 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The requested Ibuprofen is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted". The injured worker has pain to cervical spine, left shoulder, and hip and lumbar spine. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met. Ibuprofen is not medically necessary.