

<b>Case Number:</b>	CM15-0085794		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	03/24/2014
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: New Jersey, New York  
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 54-year-old male, who sustained an industrial injury on 3/24/14. The injured worker has complaints of right shoulder pain. Musculoskeletal examination noted there was tenderness over the right cervical paravertebral musculature and right trapezius. The diagnoses have included cervical radiculopathy; right shoulder superior labrum, anterior to posterior tear; reactive sleep disturbance and reactive depression and anxiety. Treatment to date has included X-rays and magnetic resonance imaging (MRI) of the right shoulder revealed a superior labrum, anterior to posterior tear; right shoulder injection; transcutaneous electrical nerve stimulation unit; traction; tramadol; lunesta and omeprazole. The request was for omeprazole 20mg #60.

### 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, GI symptoms, and cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request for Omeprazole is not medically necessary. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPI's is not required unless he is on chronic NSAIDs. There was no documentation of GI symptoms that would require a PPI. Long-term PPI use carries many risks and should be avoided. Therefore, this request is not medically necessary.