

<b>Case Number:</b>	CM15-0088522		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	08/31/2010
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Preventive Medicine, Occupational 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 42 year old female, who sustained an industrial injury on August 31, 2010. The injured worker was diagnosed as having bursitis and bicipital tenosynovitis. Treatment to date has included shoulder injections and medication. Currently, the injured worker complains of bilateral shoulder pain. The Treating Physician's report dated April 15, 2015, noted the injured worker's bilateral shoulder pain was the most pressing issue, with the pain noted to be greater on the left, rated 8/10, than the right, and rated 6/10. Physical examination was noted to show painful abduction bilaterally, with positive Hawkins and Speeds bilaterally. The treatment plan was noted to include refill of medications of Naproxen and Omeprazole, continued Venlafaxine and Mirtazapine, and awaiting appeal for left shoulder surgery.

### 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 cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68 and 69.

**Decision rationale:** The MTUS Guidelines recommend the use of a proton pump inhibitor (PPI) such as Omeprazole or the use of Misoprostol in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. There is no indication that the injured worker is at increased risk of gastrointestinal events. Therefore, the request for Omeprazole 20mg, #60 is not medically necessary.