

<b>Case Number:</b>	CM15-0239296		
<b>Date Assigned:</b>	12/16/2015	<b>Date of Injury:</b>	10/23/2010
<b>Decision Date:</b>	01/27/2016	<b>UR Denial Date:</b>	11/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2015

### 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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 23, 2010. In a Utilization Review report dated November 12, 2015, the claims administrator failed to approve a request for Prilosec. The claims administrator referenced an October 29, 2015 office visit and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On a December 10, 2015 RFA form, Prilosec, omeprazole, and LidoPro cream were all endorsed. On an associated progress note of December 10, 2015, the applicant was described as having ongoing issues with shoulder pain and/or myofascial pain syndrome. 1 of the listed diagnoses was gastritis. No seeming discussion of medication efficacy transpired insofar as Prilosec (omeprazole) was concerned, however. On the October 29, 2015 office visit at issue, the applicant reported ongoing issues with shoulder pain and/or myofascial pain syndrome. The attending provider suggested that Prilosec was helping for ongoing issues with GI irritation.

### 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Yes, the request for Prilosec (omeprazole), a proton-pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole (Prilosec) are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the stand-alone dyspepsia reportedly present here on the date in question, October 29, 2015. Introduction and/or ongoing usage of Prilosec was indicated to ameliorate the same. Therefore, the request was medically necessary.