

<b>Case Number:</b>	CM14-0121105		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	11/25/2009
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 60-year-old with a reported date of injury of 12/15/2005. The patient has the diagnoses of myoligamentous strain of the cervical spine, myoligamentous strain of the left trapezius muscle and inflammatory process of the left shoulder. Past treatment modalities have included left shoulder arthroscopic surgery and H-wave machine. Per the most recent progress notes provided for review from the primary treating physician dated 08/12/2104, the patient reported less dyspepsia by avoiding NSAID therapy. The physical exam noted a benign abdomen. The treatment recommendations included a request for Prilosec for dyspepsia and heartburn. Previous progress notes dated 08/06/2014 noted the patient to have continued constant and moderate left shoulder, trapezius and neck pain. The physical exam noted left shoulder tenderness and decreased range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #120:** 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 Page(s): 68.

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors states: Clinicians should weight 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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. Recommendations Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., Ibuprofen, Naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44).Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary.Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardio protection) and a PPI.Per the progress reports the patient is prescribed the PPI Prilosec due to dyspepsia and heartburn that is made worse by NSAID therapy. Per the guidelines above, the patient does not have any documented risk factors that would place the patient at intermediate gastrointestinal risk and thus necessitate the need for a PPI. There is no documentation of failure of H-2 blockers or other therapy for dyspepsia. For these reasons criteria set forth above for the use of this medication have not been met per the California MTUS. Therefore the request is not medically necessary and appropriate.