

<b>Case Number:</b>	CM14-0166479		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	06/13/2012
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a 50 year old male patient who sustained an injury on 7/15/2011. She sustained the injury while emptying a trash bin. The diagnoses include right shoulder capsulitis, right shoulder derangement, tear of labrum, SLAP lesion, bicep tendon and rotator cuff of the right shoulder as well as tear of the anterior labrum of the right shoulder, acromioclavicular joint osteoarthritis, severe tendinosis of the biceptendon and osteoarthritis of the right shoulder. Per the doctor's note dated 10/06/14, patient had complaints of right shoulder stabbing pain with radiation down to the hand with limited range of motion. The physical examination revealed positive crank testing right shoulder. The current medication list includes Naproxen, tramadol and omeprazole. She has had right shoulder MRI dated 8/21/14 which revealed moderate acromioclavicular joint arthrosis with interval progression since the prior examination. Sever tendinosis of the intra-articular long head of the biceps tendon extending to the biceps tendon anchor with interval progression since the prior examination, stable degenerative tearing the anterior superior, superior and posterior superior glenoid labrum. interval progression of partial thickness cartilage loss of the superior aspect of the glenoid extending to the labralchondral junction, post-surgical changes from a rotator cuff repair procedure, post-surgical appearance of the supraspinatus tendon with shallow partial thickness articular surface tearing, moderate infraspinatus and subscapularis tendinosis and no evidence of full-thickness rotator cuff tear; right clavicle MRI dated 8/21/14 with normal findings and right shoulder MRI dated 1/31/14 which revealed acromioclavicular joint osteoarthritis of the right shoulder and severe tendinosis, bicep tendon of the right shoulder. She has undergone right shoulder arthroscopy, debridement of labral tearing with repair of the SLAP lesion, debridement of longitudinal bicep tendon tear, and repair of the rotator cuff tear in 08/2013. She has had TENS unit and home exercise program for this injury.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg #30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

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

**Decision rationale:** Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events.....Patients at high risk for gastrointestinal events..... Treatment of dyspepsia secondary to NSAID therapy."Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- " (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)."There is no evidence in the records provided that the patient has gastrointestinal symptoms with the use of NSAIDs. The records provided do not specify the duration of the NSAID therapy. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. Therefore, the request for Omeprazole 20 mg #30 with 5 refills is not medically necessary and appropriate.