

<b>Case Number:</b>	CM14-0181621		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	05/26/2010
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Orthopaedic Surgery, 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 72-year-old male sustained an industrial injury on 5/26/10. The mechanism of injury was not documented. The 4/8/14 orthopedic progress report cited complaints of neck, low back and right shoulder pain. He was using Voltaren gel and taking Ultram. The patient was status post right shoulder rotator cuff repair and biceps tenodesis. Right shoulder exam documented decreased flexion and abduction at 90 degrees, and strength 3/5. The patient was reported doing well. The treatment plan recommended discontinuation of his sling, continued medications, and begin physical therapy. The patient described gastric symptoms and had a history of non-steroidal anti-inflammatory drug (NSAID) use. Prilosec was prescribed to address his gastrointestinal complaints. The 8/23/14 orthopedic progress report cited persistent neck, low back, and left shoulder, wrist, and hand pain. Neck pain radiated into the right upper extremity and low back pain into the right lower extremity. Symptoms were improved with medications, but worsened with prolonged walking and heavy lifting. Cervical exam documented tenderness to palpation and full range of motion. Right shoulder exam documented limited range of motion with 4/5 strength. Left shoulder exam documented tenderness to palpation and full range of motion. The treatment plan recommended continued right shoulder physical therapy, and topical Diclofenac/Lidocaine cream, Ultram, and Prilosec. The 10/22/14 utilization review denied the request for Prilosec as there was no documented use of non-steroidal anti-inflammatory drugs, history of gastrointestinal bleeding, or use of anti-coagulants to support the medical necessity of use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MED Prilosec (Omeprazole 20MG) #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

**Decision rationale:** The California MTUS guidelines recommend the use of proton pump inhibitors (PPIs), such as Prilosec, for patients at risk for gastrointestinal events. Risk factors include: age greater than 65 years; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; OR high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Guidelines recommend the use of proton pump inhibitors (PPIs), such as Prilosec, for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy. Guideline criteria for intermediate gastrointestinal risk factors have been met. This patient is over 65 years of age with documented gastrointestinal complaints due to history of NSAID use. Prilosec has been prescribed since 4/8/14 with no further indication of gastrointestinal complaints. Therefore, this request is medically necessary.