

<b>Case Number:</b>	CM14-0182849		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	01/01/2007
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 American Board Internal Medicine 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:

Pursuant to the progress note dated September 3, 2014, the IW complains of left shoulder pain. Physical examination reveals tenderness over her distal clavicle. There is pain with cross body adduction. He elevated to 120 degrees, externally rotates to 50 degrees, and abducts to 70 degrees. Supraspinatus is painful and decreased. The IW was diagnosed with chronic pain, brachial plexus lesions, lesion of the ulnar nerve, lumbar degenerative disc disease, and lumbar radiculitis. Current medications include Norco, Prilosec and Voltaren XR. The Voltaren XR was prescribed on August 5, 2014. The recommended plan of care is revision rotator cuff repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg CPDR # 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI Effects Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAID, GI Effects

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg CPDR #30 is not medically necessary. Prilosec is a proton

pump inhibitor. Prilosec is available as a generic over-the-counter and a prescription strength. Proton pump inhibitors are indicated when patients are taking nonsteroidal anti-inflammatory drugs and they are at risk for certain gastrointestinal events or are at risk for certain gastrointestinal events. These risks for G.I. events include, but are not limited to age weighted and 65 years, history of practical disease, G.I. bleeding or perforation; concurrent use of aspirin or steroids; and high dose or multiple dose steroids. In this case, a review of the medical record from a progress note dated September 9, 2014 indicates the injured worker has a full thickness rotator cuff tear and is awaiting surgery. The injured worker is taking Voltaren, a nonsteroidal anti-inflammatory drug. The injured worker was started on Voltaren August 5, 2014. The injured worker, however does not have any comorbid medical problems or a past medical history for peptic ulcer disease, G.I. bleeding, concurrent use of aspirin or steroids and multiple dose steroid use. Additionally, Prilosec is available over-the-counter. Consequently, there is no indication for Prilosec and the request for Prilosec 20mg CPDR #30 is not medically necessary.