MAXIMUS Federal Services

| Case Number: | CM14-0095783 | | |
|---|---|---|---|
| Date Assigned: | 07/25/2014 | Date of Injury: | 06/27/2002 |
| Decision Date: | 06/08/2015 | UR Denial Date: | 06/05/2014 |
| Priority: | Standard | Application Received: | 06/24/2014 |

## 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. 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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

## 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 injured worker is a 56-year-old male, with a reported date of injury of 06/27/2002. The diagnoses include neck sprain/strain, brachial neuritis or radiculitis, lumbar disc protrusion, lumbar radiculopathy, left shoulder internal derangement, left shoulder osteoarthritis, left shoulder chondromalacia of the humeral head, left shoulder subacromial impingement and bursitis, rotator cuff tendinopathy, status post left wrist surgery, status post left knee surgery, and insomnia. Treatments to date have included electrodiagnostic studies of the upper extremities, physical therapy, MRIs of the left knee, MRIs of the left ankle, left shoulder surgery on 01/13/2014, and oral medications. The progress report dated 04/10/2014 indicates that the injured worker complained of constant neck pain with radiation to the upper extremities with numbness and tingling. The pain was rated 7 out of 10. He also complained of constant low back pain, with radiation to the lower extremities with numbness and tingling, and rated 7 out of 10; constant left shoulder pain, rated 5-6 out of 10; constant left wrist/hand pain with numbness and tingling and rated 6-7 out of 10; left knee pain, rated 4 out of 10. There were no side effects with the use of oral medications. The pain without medication was rated 6-7 out of 10, and with medication 2-3 out of 10. The objective findings include decreased cervical range of motion, decreased left shoulder range of motion, decreased lumbar range of motion, tenderness to the lumbar spine with spasm, left knee flexion at 120 degrees, left knee extension at 0 degrees, and an antalgic gait. There was no documentation of gastrointestinal issues. The treating physician requested Omeprazole 20mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for chronic radiating neck and low back pain. When seen, there was decreased cervical, lumbar, and left knee, shoulder, and wrist range of motion. Medications being prescribed were Norco, Colace, Synovacin, Zanaflex, and omeprazole. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID and the claimant does not have any identified risk factors for a gastrointestinal event. Therefore, the continued prescribing of omeprazole was not medically necessary.