

<b>Case Number:</b>	CM15-0012520		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	01/31/2011
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 55 year old female patient, who sustained an industrial injury on January 31, 2011. She sustained the injury when she pulled her left shoulder and wrist during her regular duties. The current diagnoses include status post left shoulder arthroscopic anterior labral reconstruction, rotator cuff debridement, subacromial decompression, synovectomy, and bursectomy, status post left shoulder arthroscopic intrarticular debridement of frayed anterior labrum, debridement of small partial thickness tear of the rotator cuff, subacromial decompression, and distal clavicle resection, including the entire articular surface, status post right carpal tunnel release with median neuroplasty and internal neurolysis and flexor tenosynovectomy, status post left carpal tunnel release with median neuropathy and internal neurolysis and flexor tenovectomy, cervical musculoligamentous strain/sprain, and bilateral upper extremity strain/sprain. Per the note dated 11/25/14, she had complains of constant pain in the cervical spine, left shoulder, left upper extremity, right wrist, and right hand that increase with activities of daily living. The physical examination revealed painful range of motion of the left shoulder. The current medications list includes naproxen, prilosec and terocin patches. She has undergone left shoulder arthroscopic anterior labral reconstruction, rotator cuff debridement, subacromial decompression, synovectomy, and bursectomy; left shoulder arthroscopic intrarticular debridement of frayed anterior labrum, debridement of small partial thickness tear of the rotator cuff, subacromial decompression, and distal clavicle resection, including the entire articular surface; right carpal tunnel release with median neuroplasty and internal neurolysis and flexor tenosynovectomy; left carpal tunnel release with median neuropathy and internal neurolysis and flexor tenovectomy.

She has had physical therapy, acupuncture, and injections for this injury. The treatment plan included work modification. On December 18, 2014 Utilization Review non certified prilosec 20 mg with 3 available refills citing the MTUS guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prilosec 20mg x 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

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

**Decision rationale:** Request: Prilosec 20mg x 3 refills Prilosec contains omeprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in; Patients at intermediate risk for gastrointestinal event; 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 abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Prilosec 20mg x 3 refills is not established for this patient.