

<b>Case Number:</b>	CM15-0116498		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	07/23/1993
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62-year-old female who sustained an industrial injury on 7/23/1993 resulting in neck and bilateral shoulder pain. Diagnoses include cervical radiculitis, left shoulder bursitis, and right shoulder impingement. Treatment has included medication, right shoulder rotator cuff surgery, and physical therapy, each providing temporary relief of symptoms. The injured worker continues to report weakness and flare ups of bilateral shoulder pain. Treating physician's plan of care includes MRI of both shoulders, right shoulder corticosteroid injection, Motrin, and Omeprazole. The injured worker is retired.

### 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, GI symptoms & cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69. Decision based on Non-MTUS Citation ODG, Pain Chapter, Proton Pump Inhibitors (Updated 6/15/15).

**Decision rationale:** Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Given treatment criteria outweighing risk factors, if a PPI is to be used, omeprazole (Prilosec), lansoprazole (Prevacid), and esomeprazole (Nexium) are to be considered over second-line therapy of other PPIs such as pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Omeprazole 20mg #60 is not medically necessary or appropriate.

**MRI (B) Shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 203. Decision based on Non-MTUS Citation Evaluation and management of common health problems and Functional recovery in workers, second edition 2004; Page 207.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Special Studies and Diagnostic Considerations, page 209.

**Decision rationale:** Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report does not demonstrate such criteria without identified acute flare-up, new injury, progressive clinical deterioration, or failed conservative treatment trial to support repeating the MRI study previous done demonstrating pathology consistent with exam findings. The MRI (B) Shoulders are not medically necessary or appropriate.