

<b>Case Number:</b>	CM15-0126132		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	09/05/2007
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Arizona, 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:

The injured worker is a 58-year-old female who sustained an industrial injury on 9/5/2007 resulting in left shoulder pain with clicking. She was diagnosed with bursitis of the left shoulder with possible rotator cuff tear and, subsequently, on 6/21/2012 she was diagnosed with hernia and duodenitis. Treatment for shoulder injury has included multiple pain interventions, including injections, physical therapy and medication. There is no documentation regarding symptoms relating to gastric-intestinal diagnosis. The treating physician's plan of care includes Omeprazole 20mg. Present work status is not provided in documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg quantity 30 with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/PPI Page(s): 68. Decision based on Non-MTUS Citation Peptic Ulcer Disease KALYANAKRISHNAN RAMAKRISHNAN, MD, FRCSE, and ROBERT C. SALINAS, MD,

University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma Am Fam Physician. 2007 Oct 1; 76 (7): 1005-1012.

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. According to the AAFP guidelines, PPIs are indicated for 4 weeks for most duodenal ulcers. In this case, there was no mention of ulcer. No mention of H. Pylori testing or need for eradications. As a result, the Omeprazole with 2 refills is excessive and not medically necessary.