

<b>Case Number:</b>	CM15-0127528		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	04/28/2012
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 51 year-old female who sustained an industrial injury on 04/28/12. She reported bilateral hand pain. Initial diagnoses are not available. Current diagnoses include left shoulder adhesive capsulitis, rotator cuff tear, bilateral median neuropathy, left rotator cuff tendinopathy, status post left shoulder arthroscopy with rotator cuff repair, and right wrist/hand pain. Diagnostic tests and treatments to date have included MRI, EMG/NCS, shoulder surgery, left carpal tunnel release, right carpal tunnel release, physical therapy, home exercise, and pain medication management. Currently, the injured worker complains of persistent left shoulder pain rated as a 5 on a 10 point pain scale treated with Norco, Gabapentin, and Voltaren gel. Objective findings were normal for gastrointestinal examination. Requested treatments include Omeprazole 20 mg #30, Rx on 03/27/2015. The injured worker is under temporary partial disability. Date of Utilization Review: 06/04/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30, Rx on 03/27/2015:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online version).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20mg #30 prescription date March 27, 2015 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are left shoulder adhesive capsulitis; rotator cuff tear; bilateral median neuropathy; left rotator cuff tendinopathy; status post left shoulder arthroscopy with a rotator cuff repair April 11, 2013; right wrist and hand pain. The date of injury is April 28, 2012. Request authorization is May 28, 2015. According to the progress note dated March 27, 2015, the injured worker's subjective complaint was left shoulder pain. The injured worker was engaged in a home exercise program. Medications included Norco and Omeprazole. There are no co-morbid conditions consisting of history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. There was no documentation of nonsteroidal anti-inflammatory drug use. There is no clinical rationale or indication for a proton pump inhibitor in the medical record. Consequently, absent clinical documentation with a clinical indication/rationale and co-morbid conditions or risk factors necessitating proton pump inhibitors, Omeprazole 20mg #30 prescription date March 27, 2015 is not medically necessary.