

<b>Case Number:</b>	CM15-0174309		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	11/03/2011
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Emergency 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 65-year-old female with an industrial injury dated 11-03-2011. A review of the medical records indicates that the injured worker is undergoing treatment for rotator cuff capsule tear, status post-surgical, rotator cuff tendinopathy, thoracic sprain and strain, scapular dysfunction, and cervical sprain and strain. Medical records indicated bilateral shoulder and neck complaints. Treatment consisted of diagnostic studies, prescribed medications, surgical procedures and periodic follow up visits. Records (4-2-2015) indicate that the injured worker has undergone two previous arthroscopic procedures on her shoulder and has had a poor functional outcome. In a qualified medical examination dated 05-02-2015, the examiner's impression included a diagnosis of gastroesophageal reflux disease, which was noted to be likely a derivative industrial injury from her orthopedic industrial injury. There was no record of gastrointestinal exam. According to a more recent progress note dated 07-22-2015, the injured worker reported 80 % improvement in left shoulder pain one month status post sub acromial "SI". The injured worker rated pain 5 out of 10. Objective findings revealed diffuse tenderness of deltoid, bicipital groove, trapezius, and periscapular muscles with limited range of motion. Treatment plan consisted of medication management. Documentation (7-22-2015) noted that the injured worker was not currently working. The treating physician prescribed Omeprazole 20mg #60, now under review. Utilization Review determination on 08-27-2015, denied the request for 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The requested Omeprazole 20mg #60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note, "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker reported 80 % improvement in left shoulder pain one month status post sub acromial "SI". The injured worker rated pain 5 out of 10. Objective findings revealed diffuse tenderness of deltoid, bicipital groove, trapezius, and periscapular muscles with limited range of motion. The treating physician has not documented medication-induced GI complaints or GI risk factors, or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Omeprazole 20mg #60 is not medically necessary.