

<b>Case Number:</b>	CM15-0179629		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	07/25/2015
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 63-year-old male, with a reported date of injury of 07-25-2014. The diagnoses include bursitis of the right shoulder, status post rotator cuff repair, strain of the right shoulder, and left shoulder compensatory pain, rule out rotator cuff pathology. Treatments and evaluation to date have included atorvastatin, Tramadol-Acetaminophen, physical therapy, right shoulder surgery in 12-2014, Voltaren, and Protonix (since at least 07-2015). The diagnostic studies to date have included a urine drug screen on 04-02-2015 with negative results. The interim evaluation report dated 07-24-2015 indicates that the injured worker had a right shoulder rotator cuff repair in 12-2014 and was there for follow-up regarding the injury to his right shoulder. The injured worker had right shoulder pain, which was rated 6 out of 10, and left shoulder pain that was rated 8 out of 10. It was noted that he started having increased pain to his right shoulder, and developed increased pain to this left shoulder due to compensation. The physical examination of the shoulders showed evidence of a well healed surgical scar; forward elevation of the right shoulder to 150 degrees; forward elevation of the left shoulder to 130 degrees; abduction on the right to 140 degrees; abduction on the left to 110 degrees; pain with overhead circumduction; strength to Jobe's testing on the right; positive Jobe's on the left; and no evidence of shoulder instability. The injured worker would remain off work until his next appointment. The request for authorization was dated 07-24-2015. The treating physician requested Omeprazole 20mg #60. On 08-11-2015, Utilization Review (UR) non-certified 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:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The patient presents with pain in the right shoulder. The request is for OMEPRAZOLE 20MG #60. Patient is status post right shoulder rotator cuff repair, 12/18/14. Per 07/24/15 Request For Authorization form, patient's diagnosis include right shoulder status post rotator cuff repair with residual stiffness, left shoulder compensatory pain, rule out rotator cuff pathology. Patient's medications, per 07/22/15 progress report include Voltaren, Protonix, and Tramadol. Per 07/24/15 progress report, patient is to remain off-work until next office visit. MTUS Chronic Pain Medical Treatment Guidelines, page 69 under NSAIDs, GI symptoms & cardiovascular risk Section states, Recommend with precautions as indicated below: Clinicians should weight 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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily); or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007) The treater has not specifically discussed this request. In regard to the request for Omeprazole, the treater has not included GI assessment or complaints of GI upset to substantiate such a medication. Although it is indicated that the patient is utilizing Voltaren (an NSAID), there is no discussion of gastric complaints or evidence of prior GI symptom relief owing to PPI utilization. Without an appropriate GI assessment or evidence of dyspepsia secondary to NSAID utilization, this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.