

<b>Case Number:</b>	CM15-0090340		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old female who sustained an industrial injury on 12/05/2014 when she slipped and fell landing on her left arm. The injured worker has a medical history of hypertension. The injured worker was diagnosed with lumbar sprain/strain, shoulder impingement and internal derangement of left knee. Treatment to date includes diagnostic testing including left knee magnetic resonance imaging (MRI) on February 26, 2015, left shoulder magnetic resonance imaging (MRI) on March 10, 2015, electrodiagnostic studies on March 19, 2015, physical therapy (8 sessions completed), left shoulder steroid injections on January 29, 2015 and February 26, 2015 and medications. Neurontin bothered her stomach and the injured worker was switched to Tylenol. According to the primary treating physician's progress report on March 26, 2015 the injured worker continues to experience left shoulder and knee pain without improvement. Examination demonstrated tenderness to pressure over the left anterior joint with bilateral restricted range of motion. Left shoulder was positive for impingement signs and negative on the right. The lumbar spine demonstrated spasm and tenderness to palpation in the paraspinal muscles without sensory and motor deficits. Reflexes of the lower extremities were within normal limits. Straight leg raise was negative bilaterally and heel walk and toe walk were normal. The left knee demonstrated tenderness, normal flexion and extension with bilateral negative anterior and posterior drawer test, negative McMurray's on the right and positive McMurray's on the left. Current medications are listed as Tramadol, Naproxen and Omeprazole. Treatment plan consists of complete physical therapy as prescribed, modified work restrictions and the current request for Omeprazole DR.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20mg, Qty 30 capsules to be taken once a daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI (gastrointestinal).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 68 of 127.

**Decision rationale:** This claimant was injured last December in a slip and fall injury. Neurontin bothered her stomach, but she was switched to Tylenol. Still this request is for a proton pump inhibitor. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; [this claimant is 62], (2) history of peptic ulcer, GI bleeding or perforation [factor not present]; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant [factor not present]; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA) [factor not noted]. Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary and appropriately non-certified based on MTUS guideline review.