

<b>Case Number:</b>	CM14-0146386		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/27/1998
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in North Carolina, Colorado, California, and Kentucky. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 59-year-old (reportedly injured on April 27, 1998) who initially presented with complaints of right shoulder pain. The utilization review dated August 22, 2014 resulted in a denial as no indications were provided in the submitted documentation regarding the patient's gastrointestinal side effects. There is an indication the injured worker had been utilizing Tylenol #3 as well as Ibuprofen and Fluoxetine. The clinical note dated January 23, 2014 indicates the injured worker complaining of right thumb pain. There was an indication the injured worker had undergone an injection at that time. The injured worker had been utilizing Fluoxetine, Gabapentin, Ibuprofen, as well as Tylenol #3 for pain relief. Additionally, the patient had been prescribed the use of Omeprazole as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg, thirty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed. www.RxList.com ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/fromaulary.htm drugs.com Epocrates Online, www.online.epocrates.com Monthly Prescribing Reference, www.empr.com Opioid Dose

Calculator-AMDD Agency Medical Director's Group Dose Calculator,  
www.agencymeddirectos.wa.gov (as applicable)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN  
CHAPTER, PROTON PUMP INHIBITORS

**Decision rationale:** As noted in the Official Disability Guidelines, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of acetylsalicylic acid, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs (non-steroidal anti-inflammatory drugs). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use has been shown to increase the risk of hip fracture. As such, the request for Omeprazole 20 mg, thirty count, is not medically necessary or appropriate.