

<b>Case Number:</b>	CM13-0008836		
<b>Date Assigned:</b>	09/17/2013	<b>Date of Injury:</b>	10/20/2010
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas and California. 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 physician 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:

This claimant is a 53-year-old male with a date of injury of 10/20/2010. The reported mechanism of injury was described as cumulative trauma while working as a maintenance mechanic, which involved repetitive heavy lifting, mixing chemicals, and reading meters at the water agency. He was seen on 5/11/12 for complaints of right shoulder and bilateral wrist and hand pain. His medical problems include diabetes, hypertension, and depression. He returned on 8/6/12; medications at that time include Norco, Zanaflex, Prilosec, and Terocin cream. He reported no issues with medications. He was seen on 2/28/13 and 4/9/13, and was continued on Prilosec. He returned on 8/14/13 with pain rated at 5-7/10 and was on Norco, Flexeril, Ketoprofen cream, and Prilosec 20 mg once a day at that time; he denied side effects to medications. Diagnoses include cervical spine degenerative disc disease, thoracic spine chronic pain, degenerative disc disease of the lumbar spine with radiculopathy, right shoulder impingement, status post right shoulder arthroscopy, bilateral carpal tunnel syndrome right greater than left, bilateral plantar fasciitis, ongoing psychological issues, and internal medicine issues including diabetes and hypertension.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for 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 Treatment Guidelines NSAIDS, GI Symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The MTUS chronic pain guidelines state that "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  $\hat{I}$ ¼g 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." The submitted medical records do not indicate this patient has significant past history of gastritis, GERD, peptic ulcers, or GI irritability, or is currently experiencing these ailments. As of 02/26/2013, he was on Hydrocodone, Cyclobenzaprine, and a Medrol patch in addition to the Omeprazole, but there was no indication that he was taking medications that would significantly increase his risk for gastrointestinal events. On date of service 04/09/2013, he did not reveal significant gastrointestinal events. He was on Norco, Flexeril, Prilosec, and topical Dendracin cream at that time, but no medications that would significant gastrointestinal events. As such, the medical necessity for Omeprazole 20mg, #60 has not been provided by the record and is therefore non-certified.