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| Case Number: | CM13-0010933 | | |
| Date Assigned: | 04/23/2014 | Date of Injury: | 08/30/2010 |
| Decision Date: | 06/10/2014 | UR Denial Date: | 08/05/2013 |
| Priority: | Standard | Application Received: | 08/14/2013 |

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 Arizona. 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 40-year-old man with a medical history of hypertension, who sustained a work-related injury on 8/30/10, resulting in chronic neck and low back pain. His diagnosis includes cervical spine sprain and strain, lumbar spine sprain and strain, depression, sleeplessness and sexual dysfunction. He was evaluated by the primary treating physician on 5/15/13 with noted improving chest pain and nausea. The injured workers medications include norco, omeprazole and topical analgesics. The abdominal exam is within normal limits. The diagnosis at this visit includes abdominal pain, chest pain, gastropathy and hypertension. The primary treating physician has ordered omeprazole DR 20mg # 30 on 7/5/13 and 7/11/13. The treatment of omeprazole was denied during utilization review on 8/5/13 as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPROZOLE DR 20MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.DRUGS.COM, AND [HTTP://WWW.NLM.NIH.GOV/MEDLINEPLUS/DRUGINFO/MEDS/A692044.HTML](http://www.nlm.nih.gov/medlineplus/druginfo/meds/a692044.html).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMTPOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: There is no documentation that the patient has had any gastrointestinal (GI) symptoms from the use of non-steroidal anti-inflammatory drugs (NSAIDs) or that they have any risk factors for gastrointestinal events. The Chronic Pain Guidelines indicate that the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that he has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, omeprazole is not medically necessary.

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