

<b>Case Number:</b>	CM13-0018996		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/13/2007
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in 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:

The patient is a 33-year-old injured worker who reported a work related injury on August 13, 2007, as the result of a fall. Subsequently, the patient was diagnosed with a closed head injury, skull fractures and traumatic brain injury. The clinical note dated June 26, 2013, reports the patient was seen for followup of continued neck and back pain. The provider documents the patient presents with the following diagnoses. Chronic intractable neck pain, herniated disc of the cervical spine, radiculitis upper extremities, chronic intractable low back pain, herniated disc of the lumbar spine radiculopathy, lower extremities, cognitive dysfunction secondary to closed head injury with skull fractures and traumatic brain injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The clinical notes lacked evidence of the patient presenting with any gastrointestinal complaints. The provider documents a thorough physical exam of the patient;

however, no documentation of the patient's reports of gastrointestinal complaints was evidenced in the clinical documentation submitted for review. The provider documented the patient was dispensed Anaprox for anti-inflammatory medications. However, documentation of any side effects as a result of utilizing this medication were not evidenced in the clinical notes reviewed. The clinical notes failed to evidence the patient has a history of peptic ulcer, GI bleed, perforation or any history of reflux disorder that would require the requesting medication regimen as per treatment guidelines. The request for 1 prescription of Omeprazole 20 mg, quantity 30 is not medically necessary and appropriate.