

<b>Case Number:</b>	CM13-0032878		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	07/22/2009
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Occupational Medicine 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 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 applicant is 46 years old and a represented [REDACTED] who has filed a claim for chronic low back and left knee pain reportedly associated with an industrial injury of July 22, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier left knee arthroscopy; Synvisc injections; and epidural steroid injections. In a Utilization Review Report dated August 23, 2013, the claims administrator approved a request for Naprosyn while denying a request for Omeprazole, stating that there was no mention of the applicant's complaining of dyspepsia for which usage of Omeprazole would be indicated. The applicant's attorney subsequently appealed. In a progress note dated August 30, 2013, the applicant was described as reporting persistent headaches, left knee pain, and left knee swelling. It was stated that the applicant should employ Voltaren as an anti-inflammatory and Tramadol for chronic pain relief purpose. Omeprazole was prescribed for gastric prophylactic purposes, it was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20 MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS-GI Symptoms.

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

**Decision rationale:** The attending provider indicated that he was prescribing Omeprazole for gastric protective or prophylactic purposes. However, the claimant does not seemingly meet criteria set forth in the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of Omeprazole, a proton pump inhibitor. The claimant is not 65 years of age or greater and/or using multiple NSAIDs; there is no evidence of using NSAIDs in conjunction with corticosteroids, and/or has a history of peptic ulcer disease, GI bleeding, or perforation. The claimant is a 46-year-old former cook. The claimant is only using one NSAID, oral Voltaren, and is not using corticosteroids. There is no history of gastritis, GI bleeding, etc. which would compel prophylactic provision of omeprazole. Therefore, the request for Omeprazole 20 mg # 30 is not medically necessary and appropriate.