

<b>Case Number:</b>	CM13-0040372		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/30/2005
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	10/04/2013
<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 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 & Rehabilitation and is licensed to practice in Illinois. 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 reported an injury on 06/30/2005. The mechanism of injury was not provided for review. The patient reportedly sustained injury to the low back, bilateral knees, neck, and bilateral upper extremities. The patient's most recent clinical evaluation reported that the patient had 8/10 pain. The patient's medication schedule included Norco 5/325 mg, Docuprene 100 mg, Prilosec 20 mg, Elavil 10 mg, and topical LidoPro cream. The patient's objective findings included tenderness to palpation of the cervical and lumbar paraspinal musculature with decreased range of motion of the cervical and lumbar spine secondary to pain. The patient had left knee range of motion described as 0 to 100 degrees and right knee range of motion described as 0 to 120 degrees with a positive patellofemoral crepitus. The patient's diagnoses included end stage osteoarthritis of the bilateral knees, low back pain with radiculopathy, and carpal tunnel syndrome. The patient's treatment plan included continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for Omeprazole 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The requested Omeprazole 20mg, #60 is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommend gastrointestinal protectants for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support that the patient is at risk for the development of disturbances caused by medication usage. Therefore, continued use would not be supported. As such, the requested Omeprazole 20mg, #60 is not medically necessary or appropriate.