

<b>Case Number:</b>	CM13-0041898		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/23/1998
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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:

This is a 40 year-old female with a 10/23/1998 industrial injury claim. She was diagnosed with: RSD of the lower limb; RSD of upper limb; unspecified neuritis; cervical syndrome, thoracic pain, low back pain shoulder pain. According to the 8/5/13 pain management report from [REDACTED], the patient presents with severe pain in the left leg and right arm from CRPS. The patient is reported to be on oxycodone, Skelaxin, Lyrica, trazodone; omeprazole; ondansetron, Miralax, Promolaxin, Lidoderm, diphenhydramine; temazepam, diazepam, bupropion. Review of Systems for gastrointestinal is negative. On 10/7/13, UR recommended against use of omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20MG 1-2 DAY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK. .

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

**Decision rationale:** The patient presents with Complex Regional Pain Syndrome (CRPS) in the left leg and right arm. I have been asked to review for necessity of omeprazole. The 8/1/13 report

from [REDACTED] shows normal review of system for the gastrointestinal conditions. There is no discussion of the California Medical Treatment Utilization Schedule (MTUS) Gastrointestinal risk factors. The patient is not taking Non-steroidal anti-inflammatory drugs (NSAIDs) and does not have current symptoms of Gastroesophageal Reflux Disease. California Medical Treatment Utilization Schedule (MTUS) allows use of a proton pump inhibitors (PPI) such as omeprazole on a prophylactic basis if the patient is using Non-steroidal anti-inflammatory drugs (NSAIDs) and is at risk for gastrointestinal events. This patient does not appear to have Gastroesophageal Reflux Disease or history of gastrointestinal bleed or any of the California Medical Treatment Utilization Schedule (MTUS) risk factors, and is not using Non-steroidal anti-inflammatory drugs (NSAIDs). The request does not appear to meet California Medical Treatment Utilization Schedule (MTUS) criteria.