

<b>Case Number:</b>	CM13-0051791		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/13/2006
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 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:

According to the records made available for review, this is a 45-year-old male with a 10/13/06 date of injury. At the time (10/30/13) of request for authorization for Omeprazole 20mg, # 60, there is documentation of subjective (low back pain, shoulder pain, and arm pain) and objective (reduced bilateral shoulder range of motion, reduced lumbar range of motion, diffuse tenderness to palpation of the lumbar paraspinals, bilateral trapezius and left parascapular region, and decreased sensation in the left lower extremity with atrophy) findings, current diagnoses (thoracic sprain/strain, lumbar degenerative disc disease, lumbosacral or thoracic neuritis, and chronic pain due to trauma), and treatment to date (Omeprazole since at least 1/3/13 with 50% pain relief and functional improvement in activities of daily living). There is no documentation of a risk for gastrointestinal events (age > 65 years; history of peptic ulcer, Gastrointestinal (GI) bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S, and preventing gastric ulcers induced by NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg, # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s, Gastrointestinal.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s, Gastrointestinal (GI) Symptoms And Cardiovascul.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, Gastrointestinal (GI) bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple Non-Steroidal Anti-Inflammatory Drugs (NSAID). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. (ODG) Official Disability Guidelines identifies documentation of risk for gastrointestinal events, and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain/strain, lumbar degenerative disc disease, lumbosacral or thoracic neuritis, and chronic pain due to trauma. In addition, given documentation of ongoing treatment with Omeprazole since at least 1/3/13 with 50% pain relief and functional improvement in activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Omeprazole. However, there is no documentation of a risk for gastrointestinal events (age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID), and preventing gastric ulcers induced by NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20mg, # 60 is not medically necessary.