

<b>Case Number:</b>	CM13-0063997		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/04/2011
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	11/13/2011
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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, and is licensed to practice in Texas. 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 patient is a 48-year-old male who reported injury on 05/04/2011. The mechanism of injury was noted to be the patient was lifting a box of copy paper when he experienced a sharp pain/twinge to his upper back region, with numbness to his arm and to the fingertips. The documentation indicated the patient was taking omeprazole since 2011. The patient's diagnoses were noted to include degeneration of the cervical intervertebral disc and cervical radiculitis, as well as cervical disc displacement. The request, per the application for independent medical review, was for a retrospective request for 120 omeprazole DR 20 mg date of service 10/07/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR 120 OMEPRAZOLE DR 20MG (DOS: 10/7/2013):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS Guidelines indicate that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug therapy. Clinical documentation submitted for review indicated the patient had been taking the medication since 2011. The most recent documentation submitted for review was from 06/24/2013. There was a lack of documentation for the date of service 10/07/2013. Additionally, there was a lack of documentation indicating a necessity for 120 tablets of omeprazole. Given the above, the retrospective request for 120 omeprazole DR 20 mg (DOS: 10/7/2013) is not medically necessary