

<b>Case Number:</b>	CM13-0064079		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/27/2010
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	12/05/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology; has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 is a 63 year old who was injured on December 27, 2010. The diagnoses listed are upper extremity and shoulder pain, neck pain, neuritis, myalgia and depression. The current medications are Norco and Celebrex 200mg for pain and omeprazole for the prevention of NSIAD induced gastritis. The patient was previously treated with Ultram, Atarax, Flector patch and cortisone injections. On December 31, 2013, [REDACTED] documented depression and insomnia. The patient was participating in a group therapy program. On February 7, 2014, [REDACTED] noted pain score or 3-5/10. The patient complained of headache and muscle spasm. She denied the presence of gastrointestinal symptoms. A Utilization Review decision was rendered on December 5, 2013 recommending non-certification of omeprazole 20mg, #30.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, Web-based Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-71.

**Decision rationale:** The California MTUS guidelines that proton pump inhibitors are used for gastrointestinal protection during chronic NSAID treatment. Omeprazole is used for the prevention and treatment of NSAID induced gastritis in patients who are at high risk during treatment with non selective NSAIDs medications. The records indicate that the patient had previously tolerated treatment with diclofenac, a non selective NSAID without any gastrointestinal complication. There is no documentation of gastrointestinal disorders such as gastroesophageal reflux disease (GERD) or prior gastrointestinal (GI) bleed. The patient denied any gastrointestinal symptoms. The patient is currently being treated with Celebrex, a COX-2 selective NSAID associated with an even lower risk of gastritis. The criteria for the use of omeprazole was not met.