

<b>Case Number:</b>	CM13-0065834		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/08/2008
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Sports Medicine 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 51-year-old female who reported an injury on 11/08/2008. The mechanism of injury was not provided for review. The patient reportedly sustained injury to her low back, left knee, neck, and bilateral shoulders. The patient's chronic pain was managed with multiple medications, home exercise program, and a TENS unit. The patient most recently underwent a medial branch block at L4-5 and L5-S1 to determine the patient's pain generator. Physical findings included limited lumbar range of motion secondary to pain and cervical limited range of motion secondary to pain. The patient's diagnoses included bilateral lumbar facet joint pain, lumbar degenerative disc disease, cervical facet joint pain, cervical sprain/strain, and status post total left knee replacement. The patient's treatment plan included continuation of medications to include Omeprazole, OxyContin, and Oxycodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST FOR ONE PRESCRIPTION OF OMEPRAZOLE #30 DOS: 11/14/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Gastroenterological Association, American Gastroenterological Association Medical Position Statement on the management of gastroesophageal reflux disease, Gastroenterology 2008.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommends 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 they are at risk for developing gastrointestinal disturbances related to medication usage. Additionally, it is noted within the documentation that the patient has been on this medication for an extended duration of time. The patient's assessment on 11/14/2013 did not provide any information related to the efficacy of this medication. As such, the retrospective request for 1 prescription of omeprazole #30 DOS 11/14/2013 is not medically necessary and appropriate.