

<b>Case Number:</b>	CM13-0066235		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/16/2011
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 & Rehabilitation, and is licensed to practice in Texas and Ohio. 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 injured worker is a 53-year-old male who reported injury on 06/16/2011. The mechanism of injury was the injured worker fell from a truck with a result in fracture in the distal radius and ulnar styloid that healed malunited. The documentation of 11/26/2013 revealed the injured worker was taking their medications as prescribed. The diagnoses included left wrist deformity, passive medical history of the left wrist fracture, left wrist neuropathy, well healing penetrating wound right calf, left traumatic median and radial neuropathy and anxiety reaction to significant trauma of the left wrist. The treatment plan included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE DR 20MG, #30,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk..

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

**Decision rationale:** California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The duration of use could not be established through supplied documentation. There was a lack of documented efficacy of the requested medication.

The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for omeprazole DR 20 mg #30 is not medically necessary