

<b>Case Number:</b>	CM14-0005835		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	02/23/1995
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 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:

The injured worker is a 59 year old female with a reported injury on 02/23/1995. The mechanism of injury was not provided. The injured worker had an exam on 11/19/2013 with complaints of chronic, severe pain at multiple sites. She had a history of previous nerve block injections, epidural steroids, narcotic pain medication, physical therapy, transcutaneous electrical nerve stimulator (TENS), and group psychiatrist/psychologist therapy. She reported her pain level at a 8-9/10 without medications and a 4/10 with medications. Her current medication list consisted of Oxymorphone, Klonopin, Effexor, Ambien, Omeprazole, Levothyroxine, Estradiol, Zocor, Phenergan and Miralax. Her diagnoses were headache, an abnormal EKG, fibromyalgia, chronic fatigue, depression, sociality, anxiety, Post Traumatic Stress Disorder (PTSD), thyroid disease, and pulmonary embolism. She denies any nausea, vomiting, diarrhea or constipation. The request for authorization was signed on 11/21/2013.

### 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 Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) Symptoms and Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** The injured worker has had no complaints of nausea, vomiting, diarrhea or constipation. The California MTUS guidelines recommend determining if the patient is at risk for gastrointestinal events such as greater than age 65, history of peptic ulcer, GI bleed or perforation, concurrent use of aspirin, corticosteroids, and or anticoagulant, or on high dose of NSAIDs. There is lack of documentation that the injured worker is on NSAID medication and she is under age of 65. There is no evidence of her complaining of GI disturbances. In addition, the request did not specify frequency of medication use. Therefore, the request for omeprazole is not medically necessary.