

<b>Case Number:</b>	CM14-0104568		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/06/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Occupational Medicine 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 claimant was injured on 12/06/11 when she sustained a gunshot wound to the abdomen. Prilosec and omeprazole are under review. She is status post exploratory laparotomy with mesh and then revision surgery in 07/13. There was no bowel injury. She saw [REDACTED] on 05/31/14 and had pain at level 6/10. She was not examined but had surgical scars over the abdomen and a small umbilical wound with clean gauze in place as of 03/31/14. She was diagnosed with abdominal pain and posttraumatic stress disorder. She had return to modified work. She was to continue her home exercises. She was taking medications on a prn basis and denied any new problems. A consult with a surgeon had been requested. She was taking Prilosec and tramadol. She saw [REDACTED] on 07/28/14. She still had abdominal pain for 2 months with a ripping sensation. A CT scan had been completed. She was to continue Prilosec and tramadol. She was seen again on 07/10/14. Her abdomen was unremarkable. A CT scan was ordered. A note by [REDACTED] dated 06/26/14 indicated that she had no constipation or gastric issues. Her medications included Prilosec and tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITORS Page(s): 102.

**Decision rationale:** The history and documentation do not objectively support the request for Prilosec. The CA MTUS state re: PPIs, "patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation of GI conditions or increased risk to support the use of this medication. There was no injury to the bowel. The claimant has no history of gastric problems and no history of symptoms related to possible GERD or gastritis to support this request. It is not clear why Prilosec and omeprazole were recommended as this is duplicative. The medical necessity of this request for Prilosec, dosage unknown, has not been clearly demonstrated.

**Omeprazole 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITORS Page(s): 102.

**Decision rationale:** The history and documentation do not objectively support the request for omeprazole. The CA MTUS state re: PPIs, "patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation of GI conditions or increased risk to support the use of this medication. There was no injury to the bowel. The claimant has no history of gastric problems and no history of symptoms related to possible GERD or gastritis to support this request. It is not clear why Prilosec and omeprazole were recommended as this is duplicative. The medical necessity of this request for omeprazole, dosage unknown, has not been clearly demonstrated.