

<b>Case Number:</b>	CM14-0104690		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/25/2014
<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 Anesthesiology, Pain Medicine and is licensed to practice in 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 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 57-year-old female who reported an injury on 02/27/2013. The injured worker was standing and working at the conveyor when a forklift hit her left side, bending her body. The injured worker sustained injuries to her lumbosacral spine, left upper extremity, and left lower extremity. The injured worker's treatment history included medications, diagnostic studies, surgery, physical therapy, and acupuncture treatment. The injured worker was evaluated on 07/15/2014, and it was documented that the injured worker complained of constant pain in the left upper extremity. She noted numbness extending from the left shoulder to the left elbow. The pain was constant in the lumbosacral spine extending to the left tibia. She noted numbness throughout the entire aspect of the left lower extremity. Physical examination revealed there was diffuse lumbosacral tenderness. There was significant paravertebral spasm guarding and asymmetric loss of range of motion. The supine straight leg raise on the left created lower back pain with a negative Lasgue's maneuver, and the supine straight leg raise was negative on the right with a negative Lasgue's maneuver. Diagnosis included lumbosacral radiculopathy, left shoulder contusion/sprain with possible internal derangement, left upper extremity contusion/strain/sprain, left upper extremity sensory neuropraxia, and left lower extremity contusion/sprain/strain. On 07/15/2014, there was no medication submitted for the injured worker. The Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole no refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

**Decision rationale:** Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation submitted did not indicate the injured worker having gastrointestinal events; however, it was not clear if it was from medications. There was no indication of the frequency, dosage and quantity medication on the request that was submitted. In addition, there was no information in the documents reviewed about long term functional goals or medication pain management outcome measurements for the injured worker. Given the above, the request for Omeprazole no refill is not medically necessary per MTUS guidelines.