

<b>Case Number:</b>	CM14-0104852		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/18/2014
<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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 39-year-old male who reported an injury on 05/09/2013. Reportedly was in a motor vehicle accident and a semi-truck versus a semi-truck and sustained multiple fractures. The injured worker's treatment history included medications, surgery, EMG (Electromyography)/NCS (nerve conduction study) studies, physical therapy, and medications. The injured worker was evaluated on 07/03/2014. It was documented that the injured worker complained of erectile pain and discomfort. Objective findings the injured worker walked antalgically using a cane, favoring the left side because of discomfort in the left lower extremity. Range of motion of the left lower extremity was severely impeded as a result of sensory abnormality. He had a positive straight leg rising on the left side. There was about 45 degrees of flexion as well as posteriorly in the dermatomal distribution he had weakness in dorsiflexion and weakness in plantarflexion of the left side. He had sensory abnormalities in the groin area. The injured worker's back muscles are guarded and tender to palpation. Medications included Diclofenac, Gabapentin and Omeprazole 20 mg. Diagnoses included status post motor vehicle accident; suffering a left acetabular fracture and pelvic fracture; multiple proximal phalanx fractures of the big toe, second toe, and third toe; low back injury; and PTSD and severe depression. It was noted that the injured worker has documented gastric reflux intermittently that was controlled with omeprazole 20 mg. 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 20mg #60:** 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 Proton pump inhibitors Page(s): ) 68-69.

**Decision rationale:** The request for of Omeprazole 20 mg #60 is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Omeprazole is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation indicated the injured worker having gastrointestinal events and the Omeprazole resolves the issue, however the request lacked frequency and duration of the medication for the injured worker. Given the above, the request for Omeprazole 20 mg # 60 is not medically necessary.