

<b>Case Number:</b>	CM14-0010837		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/06/2005
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Family Medicine, and is licensed to practice in Utah. 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 patient is a 64-year-old male. The patient's date of injury is 09/06/2005. The mechanism of injury was two falls. The patient has been diagnosed with cervical radiculopathy, lumbar radiculopathy, bilateral shoulder impingement syndrome, right knee internal derangement, DeQuervain's tenosynovitis of the left hand, left wrist carpal tunnel. The patient's treatments have included physical therapy, and medications. The physical exam findings, dated June 18, 2013 show her cervical spine has a decreased motion of 20 degrees from normal, and is that there is slight pain at the extremities of cervical spine range of motion. She also is noted with pain upon palpation of the thumbs. The patient's medications have included, but are not limited to, Vicodin, Ketoprofen, Celebrex, Ibuprofen, and Lyrica. The request is for Omeprazole. It does not appear that the patient has been on this medication previously.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69.

**Decision rationale:** According to the clinical documents, there is no documentation that the patient has a history of reflux or gastrointestinal symptoms that would warrant the usage of this medication. There is also no evidence that the patient is at increased risk for gastrointestinal complications that would warrant the use of this medication in the patient. According to MTUS guidelines, increased risk is defined as: (1) age more than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Acetylsalicylate (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Therefore, The use of Omeprazole DR 20mg #30 is not medically necessary.