

<b>Case Number:</b>	CM14-0117100		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/01/2010
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 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 patient is a 60-year-old female who has submitted a claim for cervical spondylosis, bilateral lower extremity radiculopathy, possible carpal tunnel syndrome, depression, and anxiety associated with industrial injury of 10/1/2010. Medical records from 2013 to 2014 were reviewed. The patient complained of neck pain radiating to bilateral upper extremities, associated with numbness and weakness. Pain was rated 8/10 in severity, aggravated with bending, twisting, and turning. Physical examination of the cervical spine showed tenderness, muscle rigidity, triggerpoints, and restricted motion. Motor strength of right upper extremity was graded 4 to 4+/5. Sensation was diminished at the left C5 to C6 dermatomes. Tinel's sign was positive at the right wrist. Progress report from 2/7/2014 cited that patient reported gastrointestinal discomfort. Treatment to date has included trigger point injections, physical therapy, cervical epidural steroid injection, facet injections, psychotherapy, and medications such as Norco, Prilosec, Colace, Anaprox and Topamax, and Tramadol (since 2013). Utilization review from 6/26/2014 denied the request for omeprazole 20 mg twice a day, #60 because of no documentation concerning gastrointestinal distress or risk factors.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20MG:** 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, and Cardiovascular Risk Page(s): 68.

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age >65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, progress report from 2/7/2014 cited that patient reported gastrointestinal discomfort. Patient has been on omeprazole since 2013, however, there was no documentation concerning functional improvement and symptom relief from its use. The medical necessity cannot be established due to insufficient information. The request likewise failed to specify quantity to be dispensed. Therefore, the request for omeprazole is not medically necessary.