

<b>Case Number:</b>	CM14-0118809		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/16/2008
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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, has a subspecialty in Pain Management 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 50-year-old female who has submitted a claim for chronic pain status post multiple bilateral wrists surgeries associated from an industrial injury date of August 16, 2008. Medical records from 2013-2014 were reviewed; the latest of which dated June 2, 2014 revealed that the patient's pain is getting worse. On physical examination, there are healed scars noted. There is limitation in range of motion of the left wrist with extension to approximately 4 degrees, flexion to approximately 20 degrees with crepitus and persistent trigger left thumb. There is numbness noted in the left thumb with increased two-point discrimination in the bilateral median nerve distribution. There is neck pain on extension, with positive compression sign with left arm radiation. There is diminished biceps reflex and weakness of thumb extension. There is asymmetric range of motion and diminished light touch sensation in the neck. There is persistent lumbar spine spasm on the right with asymmetric range of motion. Treatment to date has included multiple bilateral wrists surgeries, steroid injections, physical therapy, and medications, which include hydrocodone, Vicodin, Ultram, mirtazapine, Promolaxin, Restone, FexMid, Sonata and Prilosec. Utilization review from July 16, 2014 denied the request for Omeprazole 20mg #60 because there is no current medical narrative report documenting the medical necessity for this request.

### 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.

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

**Decision rationale:** As stated on pages 68-69 of the CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. The patient is at risk for gastrointestinal events if age > 65 years, has a history of peptic ulcer, GI bleeding or perforation, on concurrent use of ASA, corticosteroids, and/or an anticoagulant; or on high dose/multiple NSAID. Proton pump inhibitors should be prescribed among patients with intermediate risk factors. In this case, the patient has been on omeprazole since January 2010 to prevent stomach irritation while on NSAIDs and opioid medications. The patient has a history of long-term use NSAIDs and opioid, but not on high doses. Furthermore, the patient is only 50 years old and does not have a history of gastritis, heartburn, peptic ulcer disease, or GERD. The patient is not at risk for gastrointestinal events. The medical necessity for omeprazole was not established. Therefore, the request for 20mg #60 is not medically necessary.