

<b>Case Number:</b>	CM14-0152676		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	03/13/1995
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 and Rehabilitation, and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 60 year old male who sustained a work injury on 3-13-95. Office visit on 8-21-14 notes the claimant has chronic pain related to a history of multiple pain generators. His claimant has left shoulder pain, cervical and lumbar degenerative disc disease, cervical and lumbar facet syndrome and cervical and lumbar radiculopathy. The claimant has had two left shoulder surgeries, left index finger surgery. He has undergone multiple epidural steroid injections to the cervical and lumbar spine and acupuncture. The claimant is being treated with medications. He notes his pain is 7/10 with medications. He has no side effects associated with medications as long as he is using Prilosec. Medications include Norco, Nortriptyline, Ambien, Omeprazole, Naproxen and Lidocaine cream. Review of system notes the claimant denies nausea, vomiting, diarrhea, constipation, change in bowel habits, abdominal pain, melena, hematochezia or jaundice.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20mg (Unspecified Quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (PPIs) Proton Pump Inhibitors) Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms Page(s): 68.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines notes that PPI are indicated for patients with intermediate or high risk for GI events. There is an absence in documentation noting that this claimant has secondary GI effects due to the use of medications or that he is at an intermediate or high risk for GI events. Review of system notes the claimant denies any secondary GI effects. The claimant notes his pain is 7/10 with medications. He has no side effects associated with medications as long as he is using Prilosec. However, specific as to what type of GI effects he has due to the use of medications is not provided, as he denies any secondary GI effects. Therefore, the medical necessity of this request is not established.