

<b>Case Number:</b>	CM14-0154180		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	01/17/2011
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 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:

This 62 year-old patient sustained an injury on 1/17/11 while employed by [REDACTED]. Request(s) under consideration include Omeprazole 20mg. Diagnoses include cervical spine herniated discs/ left upper extremity radiculopathy/ neuropathic pain of bilateral upper extremities; right shoulder rotator cuff tendinitis s/p bilateral shoulder arthroscopy; The patient is s/p C5-7 fusion on 5/20/14; s/p bilateral carpal tunnel release; depression. Report of 6/17/14 from the provider noted the patient with resolved numbness, but still getting tingling in the left fingers and sharp shooting pain rated at 5/10; lower back has no improved. Exam showed cervical spine with negative spasm, 5/5 motor strength in the upper extremities; with 2+ DTRs; shoulders with well-healed scars; negative Neer's/ Hawking's/ AC joint compression test or tenderness; 5/5 resisted strength; bilateral wrist with healed scars; positive mild Phalen's and Tinel's; 5/5 strength. Treatment was to continue PT for cervical spine 3x6; medication refills of Diclofenac, Cyclobenzaprine, Omeprazole, Tramadol, and Wellbutrin. The patient was referred for FRP. The patient is being prescribed Nucynta by another provider. UDS of June and July 2014 indicated aberrant results of non-prescribed Hydrocodone. No change in pharmacological profile provided as the result of UDS. The request(s) for Omeprazole 20mg was non-certified on 8/30/14 citing guidelines criteria and lack of medical necessity.

### 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 NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** This 62 year-old patient sustained an injury on 1/17/11 while employed by [REDACTED]. Request(s) under consideration include Omeprazole 20mg. Diagnoses include cervical spine herniated discs/ left upper extremity radiculopathy/ neuropathic pain of bilateral upper extremities; right shoulder rotator cuff tendinitis s/p bilateral shoulder arthroscopy; The patient is s/p C5-7 fusion on 5/20/14; s/p bilateral carpal tunnel release; depression. Report of 6/17/14 from the provider noted the patient with resolved numbness, but still getting tingling in the left fingers and sharp shooting pain rated at 5/10; lower back has no improved. Exam showed cervical spine with negative spasm, 5/5 motor strength in the upper extremities; with 2+ DTRs; shoulders with well-healed scars; negative Neer's/ Hawking's/ AC joint compression test or tenderness; 5/5 resisted strength; bilateral wrist with healed scars; positive mild Phalen's and Tinel's; 5/5 strength. Treatment was to continue PT for cervical spine 3x6; medication refills of Diclofenac, Cyclobenzaprine, Omeprazole, Tramadol, and Wellbutrin. The patient was referred for FRP. The patient is being prescribed Nucynta by another provider. UDS of June and July 2014 indicated aberrant results of non-prescribed Hydrocodone. No change in pharmacological profile provided as the result of UDS or multiple provider prescribing opiates. The request(s) for Omeprazole 20mg was non-certified on 8/30/14. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. Omeprazole 20mg is not medically necessary and appropriate.