

<b>Case Number:</b>	CM14-0155238		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/09/2007
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 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:

According to the records made available for review, this is a 53-year-old female with a 5/9/07 date of injury. At the time (8/4/14) of request for authorization for Omeprazole 20mg #60, there is documentation of subjective (right shoulder, upper back and lower back pain) and objective (tenderness over the acromioclavicular joint, paracervical and paralumbar musculature, diminished sensation in the right forearm, decreased range of motion with pain, positive Neer's test, positive Hawkin's test, and positive acromioclavicular joint compression test) findings, current diagnoses (chronic cervical strain, cervical degenerative disc disease, low back pain, and bilateral impingement syndrome), and treatment to date (medications (including ongoing treatment with Diclofenac and Omeprazole since at least 4/23/14) and steroid injection). Medical report identifies that the patient has gastritis and history of ulcers.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other

Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of PPIs. Within the medical information available for review, there is documentation of diagnoses of chronic cervical strain, cervical degenerative disc disease, low back pain, and bilateral impingement syndrome. In addition, there is documentation of ongoing treatment with Omeprazole with NSAIDs use. Furthermore, given documentation that the patient has gastritis and history of ulcers, there is documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20mg #60 is medically necessary.