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| <b>Case Number:</b>   | CM14-0158664 |                              |            |
| <b>Date Assigned:</b> | 10/02/2014   | <b>Date of Injury:</b>       | 04/20/2000 |
| <b>Decision Date:</b> | 10/30/2014   | <b>UR Denial Date:</b>       | 08/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/26/2014 |

### 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, 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:

This is a male patient with the date of injury of April 20, 2000. A Utilization Review was performed on August 29, 2014 and recommended non-certification of 1 prescription of Zegerid 40mg #30 with 1 refill between 8/20/2014 and 10/25/2014 due to absence of NSAID medication, GERD, gastrointestinal ulcers, or gastrointestinal bleeding. A Visit Note dated August 20, 2014 identifies Subjective Complaints of neck pain, left knee pain, and shoulder pain. Objective Findings identify cervical spine range of motion is limited. Paravertebral muscles, tenderness, and tight muscle band is noted on both the sides. Tenderness is noted at the paracervical muscles and trapezius. Left shoulder range of motion is restricted. Empty Cans test and Speeds test are positive. Tenderness is noted in the glenohumeral joint. Tinel's sign is positive in both wrists. Tenderness is noted over the lateral joint line and medial joint line of the left knee. Diagnoses identify cervical radiculopathy, knee pain, pain in joint lower leg, carpal tunnel syndrome, shoulder pain, lumbar radiculopathy, spinal/lumbar DDD, and low back pain. Treatment Plan identifies Zegerid for heartburn secondary to pain regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Zegerid 40mg #30 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

**Decision rationale:** Regarding the request for omeprazole (Zegerid), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, Zegerid is being used for heartburn secondary to the current pain regimen. As such, the currently requested Zegerid is medically necessary.