

<b>Case Number:</b>	CM14-0159286		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	10/05/1999
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Occupational Medicine, 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 48-year-old male with a 12/31/04 date of injury, and status post bilateral knee, left elbow, and right shoulder surgeries. At the time (9/19/14) of request for authorization for Omeprazole 20mg #60, there is documentation of subjective (neck and bilateral upper extremity symptoms; low back pain with lower extremity symptoms) and objective (antalgic gait, tenderness to palpation of the cervical spine, spasms, Spurling creates pain at the base of the neck bilaterally) findings, current diagnoses (bilateral carpal tunnel and cubital tunnel syndrome, history of bilateral knee, left elbow, and right shoulder surgeries, degenerative disc disease with retrolisthesis), and treatment to date (physical therapy, chiropractic, acupuncture, and medications (including Norco, Terocin patches, and lidopro cream)). 9/4/14 medical report identifies a request for a trial of Prilosec due to gastritis that is directly related to the usage of Norco.

### 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 Chronic Pain Treatment Guidelines.

**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)

**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. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of omeprazole. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel and cubital tunnel syndrome, history of bilateral knee, left elbow, and right shoulder surgeries, degenerative disc disease with retrolisthesis In addition there is documentation of gastritis that is directly related to the usage of Norco. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20mg #60 is medically necessary.