

<b>Case Number:</b>	CM14-0165453		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	02/19/2004
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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:

There were 75 pages for this review. The application for independent medical review was signed on September 29, 2014. It was for Omeprazole DR 20mg #60. The rebuttal letter was reviewed. It was felt that the medicine was inappropriately denied. The injured worker has been taking NSAIDs long-term and was prescribed this medicine to prevent a chance of gastrointestinal events. Per the records provided, this is a 39-year-old female injured back in the year 2004 reportedly from repetitive motion while completing normal job duties. The listed diagnosis was brachial neuritis not otherwise specified. There was neck and shoulder pain which had improved. The injured worker had tenderness to the pectoralis major on the right and the paracervical musculature. There was a positive Spurling test. No evidence of neurologic dysfunction was identified. There was periscapular tenderness on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60 for the Right Shoulder and Cervical Spine:** Upheld

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

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

**Decision rationale:** The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. Based on MTUS guideline review, the request for Omeprazole 20mg #60 is not medically necessary.