

<b>Case Number:</b>	CM14-0166001		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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:

The injured worker a 39 year represented employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 14, 2012. Thus far, the injured worker has been treated with following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; multilevel cervical fusion surgery in February 2014; unspecified amounts of physical therapy over the course of claims; and extensive periods of time off of work. In a Utilization Review Report dated September 22, 2014, the claims administrator approved a request for Norco while denying a request for omeprazole. The injured worker's attorney subsequently appealed. The injured worker underwent C5 through C7 anterior cervical discectomy and fusion surgery on February 5, 2014. On April 21, 2014, the injured worker reported ongoing complaints of neck pain. The injured worker was asked to employ Norco and Flexeril for pain relief. Omeprazole was also endorsed for daily use purposes. The injured worker was kept off of work, on total temporary disability. In a July 28, 2014 progress note, the injured worker again reported ongoing complaints of neck pain with associated headaches. Norco and omeprazole were endorsed. It was stated that omeprazole was being endorsed for unspecified stomach issues. The injured worker was again kept off of work, on total temporary disability. In a July 28, 2014 progress note, the injured worker was kept off of work, on total temporary disability, while a prescription for Norco and Prilosec were dispensed. In a medical-legal evaluation dated August 20, 2014, the injured worker was again kept off of work, on total temporary disability. In an October 2, 2014 progress note, it was suggested that the injured worker was using omeprazole for gastric protective purposes. Norco, Flexeril, omeprazole and Ambien were all endorsed. The injured worker was again kept off of work. In a progress note dated October 15, 2014, the injured worker reported ongoing complaints of neck pain radiating to the arms, 8/10. The injured worker's gastrointestinal review of systems was negative for

dyspepsia, dysphagia, and abdominal pain, it was acknowledged. The injured worker received trigger point injection therapy on this occasion. The injured worker was 39 years old, it was noted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Omeprazole 20mg #60 per 8/4/14 request:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The attending provider has apparently indicated on several progress notes that omeprazole was employed for gastric protective effect as opposed to for actual symptoms of dyspepsia. However, the injured worker did not seemingly meet criteria set forth on page 68 of MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of the proton pump inhibitors. Specifically, the injured worker is not using non-steroidal anti-inflammatory drugs (NSAIDs); is less than 65 years of age (age 39); is not using multiple NSAIDs; is not using NSAIDs in conjunction with corticosteroids; and has no known history of prior gastric bleeding and/or peptic ulcer disease. The injured worker does not meet the MTUS criteria for prophylactic provision of proton pump inhibitors, such as omeprazole. Therefore, the request is not medically necessary.