

<b>Case Number:</b>	CM14-0172566		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/29/2009
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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:

The injured worker is a 51-year-old female who reported an injury on due to a slip and fall on 07/29/2009. On 09/26/2014, she received a renewal prescription for Omeprazole 20 mg #60. Her other medications included Cartivisc 500/200/150 mg, Cyclobenzaprine 7.5 mg, Gabapentin 600 mg, and Tramadol 50 mg. There were no other clinical data submitted for review. There was no rationale or Request for Authorization included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS 8/22/14) for pharmacy of Omeprazole 20mg #60: 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 (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request for Retrospective (DOS 8/22/14) for pharmacy of Omeprazole 20mg #60 is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which include Omeprazole, may be recommended, but clinicians should weigh the indications for NSAIDs against GI risk factors. Those factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI

bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs used. Omeprazole is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, and laryngeopharyngeal reflux. The injured worker did not have any of the above diagnoses, nor did she meet any of the qualifying criteria for risks for gastrointestinal events. Additionally, the request did not specify frequency of administration. Therefore, this request for Retrospective (DOS 8/22/14) for pharmacy of Omeprazole 20mg #60 is not medically necessary.