

<b>Case Number:</b>	CM14-0022496		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	03/20/2013
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & 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 Physician 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 39 year old male with an injury reported on 03/20/2013. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/08/2014 reported that the injured worker complained of right wrist pain, rated 1/10, pain had improved after his treatment. The physical examination revealed mild tenderness to the right wrist. The range of motion to the injured worker's right wrist demonstrated flexion to 60 degrees, extension to 60 degrees, ulnar deviation to 30 degrees, and radial deviation to 20 degrees. The injured worker's prescribed medication list included omeprazole, tramadol ER, and diclofenac XR. The injured worker's diagnoses included status-post open reduction internal fixation right distal radius fracture; contracture right wrist, resolved. The provider requested 30 tablets of omeprazole 20mg to reduce NSAID gastritis prophylaxis. The request for authorization was submitted on 02/20/2014. The injured worker's prior treatments included functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THIRTY (30) TABLETS OF OMEPRAZOLE 20MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

**Decision rationale:** The request for 30 tablets of omeprazole 20mg is not medically necessary. The injured worker complained of right wrist pain, rated 1/10, pain had improved after his treatment. The injured worker's prescribed medication list included omeprazole, tramadol ER, and diclofenac XR. The provider requested 30 tablets of omeprazole 20mg to reduce NSAID gastritis prophylaxis. The California MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. It was noted the requesting provider had requested a proton pump inhibitor to prophylactically treat gastritis caused from NSAIDs. There is a lack of clinical information provided indicating the injured worker had gastritis. There is a lack of documentation of NSAID side-effects reported by the injured worker that would warrant the use of a proton pump inhibitor. The injured worker also fails to fit the criteria of any significant risk for gastrointestinal bleeding or perforation. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. Therefore, the request is not medically necessary.