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| <b>Case Number:</b>   | CM14-0025998 |                              |            |
| <b>Date Assigned:</b> | 06/13/2014   | <b>Date of Injury:</b>       | 06/03/2011 |
| <b>Decision Date:</b> | 07/18/2014   | <b>UR Denial Date:</b>       | 02/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/28/2014 |

### 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 Illinois 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 58-year-old female who reported an injury on 6/3/11. The mechanism of injury was exiting a bus and injured her right ankle; she also struck her head on the parked bus that was next to her, but did not sustain a head injury. The documentation of 11/4/13 revealed that the injured worker was getting stomach upset with medications, was taking Prilosec over the counter, and the physician recommended the injured worker be treated with Prilosec 20 mg on an industrial basis. The diagnosis included osteoarthritis not otherwise specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHARMACY PURCHASE OF OMEPRAZOLE DR 20 MG QUANTITY 30: 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 Page(s): 69.

**Decision rationale:** The California MTUS Guidelines recommend proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing Omeprazole on her own. There was lack of documented efficacy for the requested medication. The request as submitted failed to

indicate the frequency for the requested medication. As such, the request is not medically necessary.