

<b>Case Number:</b>	CM14-0038873		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	11/14/2005
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 59-year-old female who reported an injury on 11/14/2005, the mechanism of injury was not provided. On 03/01/2014, the injured worker presented with complaints of pain in the neck, arms and hands. She also reported a headache with throbbing sensation. Upon examination, there was reduced cervical range of motion, a positive Tinel's sign, and tenderness to palpation over the cervical paraspinal musculature with hypertonicity. The diagnosis were chronic back pain. There was no prior treatment noted. The provider requested omeprazole 20 mg 1 q by mouth twice a day with a quantity of 60. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg 1 po (by mouth) bid (twice a day) #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), GI (gastrointestinal) symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular risk Page(s): 68.

**Decision rationale:** The California MTUS Guidelines state proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. The medical documentation did not indicate that the injured worker had gastrointestinal symptoms. It did not appear the injured worker had a history of peptic ulcer, GI bleeding, or perforation, it did not appear that the injured worker is at risk for gastrointestinal events. Additionally, it was not noted whether omeprazole was a new or continuing medication, and the efficacy of the medication was not provided. As such, the request is non-certified.