

<b>Case Number:</b>	CM14-0039239		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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:

This is a 56 year-old male with a 2/1/13 date of injury. The patient was seen on 3/7/14 with complaints of ongoing pain and numbness in the right hand as well as neck pain and low back pain, which are improved with medications by greater than 80%. Exam findings revealed restricted range of motion in the C, T and L spine. Multiple trigger points, positive neck compression test diffuse tenderness in the wrists bilaterally, decreased sensation in the 1-3rd digits bilaterally with moderate atrophy of the right thenar muscles. The diagnosis is bilateral chronic tenosynovitis of bilateral wrists, chronic myofascial pain syndrome, and mild bilateral L4/5 radiculopathy. The patient is noted to be on Naproxen, Cyclobenzaprine, hydrocodone, Ambien, and omeprazole for non-steroidal anti-inflammatory drug (NSAID) induced gastritis. Treatment to date: trigger point injection, medications (NSAIDS), surgery, HEP, An adverse determination was received on 3/17/14 given the patient was not noted to have agastrointestinal (GI) event.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg 2 times per day for 45 days:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors (PPIs) in the treatment of patients with GI disorders such as gastric/duodenal ulcers, gastroesophageal reflux disease (GERD), erosive esophagitis, or patients utilizing chronic NSAID therapy. This patient is noted to be on chronic NSAIDs, specifically Naproxen, and MTUS guidelines support the use of a PPI such as omeprazole for GI prophylaxis. In addition, the progress reports note the patient to be on Omeprazole for NSAID induced gastritis, and a BID dosing of omeprazole is appropriate for this condition. Therefore, the request for Omeprazole 20mg 2 times per day for 45 days is medically necessary.