

<b>Case Number:</b>	CM14-0048016		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/22/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Family 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:

The patient is a 29 year-old woman who was injured at work on 8/22/2011. The injuries were primarily to her neck and back. She is requesting review of denial for: Prilosec (Omeprazole). The medical records corroborate ongoing care for her chronic pain symptoms. These records include the Primary Treating Physician's Progress Reports (PR-2s). Her diagnoses include: Chronic Cervical Spine Strain, Rule out Disc Herniation; Chronic Lumbar Strain with Radiation to the Lower Extremity, Rule out Disc Herniation; History of Gastropathy Secondary to Prolonged Medication Use; and History of Depression and Anxiety; and Sleep Difficulties. Her current medication as reported is Anexsia (Hydrocodone/APAP), 1-2 tablets every 6 hours as needed. The patient is not on an NSAID; the last documented NSAID prescription was for Diclofenac on 1/28/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec (Omeprazole) 20mg, 1 capsule 1-2 times a day, Count 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory-GI symptoms and cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Antiinflammatory Medications Page(s): 68.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Proton Pump Inhibitors such as Omeprazole. When patients are on chronic NSAID medications, the physician should determine if the patient is at risk for a gastrointestinal (GI) event. Risk factors for a GI event include the following: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Patients who are determined to be at intermediate or high-risk for a GI event should be considered for use of a PPI, such as Omeprazole. Given that this patient has not been on any NSAID since 1/2013 and is not on any other agent such as ASA or a corticosteroid, there is no medical justification for the use of Omeprazole. Omeprazole is not a medically necessary treatment.