

<b>Case Number:</b>	CM14-0079182		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/28/1952
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 61-year-old male who reported an injury on 10/28/2002. The mechanism of injury was a motor vehicle accident. Prior treatments included an epidural steroid injection. The documentation of 04/23/2014 revealed the injured worker was complaining of gastroesophageal reflux. There was noted to be no change in the physical examination or functional change since the last examination. The diagnosis was GERD. The treatment plan included a consultation with an internal medicine physician for the treatment of GERD. The medication prescribed was Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California MTUS Guidelines indicate the clinician should determine if the injured worker is at risk for gastrointestinal events which include age greater than 65 years, a

history of peptic ulcer, GI bleed or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or the use of high dose multiple NSAIDs. Additionally, they recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had complaints of gastroesophageal reflux and this request would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Omeprazole 20 mg Quantity 30 is not medically necessary.