

<b>Case Number:</b>	CM14-0081696		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/13/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 40-year-old male with a 11/13/13 date of injury. The mechanism of injury occurred when he was the co-driver of a semi-truck, his co-worker lost control of the truck causing the truck to turn over. He reported that he sustained multiple injuries, including glass imbedded in his forearm and that required surgical intervention. According to a progress report dated 3/13/14, the patient complained of constant neck pain, upper and mid back pain, and low back pain which radiated to the buttocks and bilateral lower extremities. He rated his current pain level at 4 out of 10. At its best the pain level is 4 out of 10, and the worst pain level is 6-8 out of 10. The pain is relieved by rest, medications, and therapy. The patient reported constant right shoulder pain that radiated to the neck, upper back and down the arm to the hand. He also complained of constant right wrist pain which radiated up to the elbow and down to the fingers. Objective findings: tenderness to palpation along the right trapezius muscle, palpation of the lumbar spine revealed tenderness of the lumbar paravertebral muscles bilaterally, diminished sensation to light touch in the L5 nerve root distribution and S1 nerve root distribution of the bilateral lower extremities. Diagnostic impression: lumbar spine radiculopathy, right shoulder internal derangement, status post right forearm surgery, insomnia, idiopathic peripheral autonomic neuropathy. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 5/6/14 denied the request for Omeprazole. A specific rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg quantity #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. According to the most progress report reviewed, dated 3/13/14, the patient is currently taking Advil (naproxen). Guidelines support the use of omeprazole in patient's currently utilizing NSAID therapy. Therefore, the request for Omeprazole 20 mg quantity #60 was medically necessary.