

<b>Case Number:</b>	CM14-0090300		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	03/01/2003
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Medicine, and is licensed to practice in Texas and Florida. 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 67-year-old female who was injured on 3/1/2003. The diagnoses are carpal tunnel syndrome, cervical radiculopathy, neck pain and depression. On 12/18/2013, the UDS was inconsistent with prescribed medications. Her physician discontinued the Vicoprofen because the patient was also receiving Percocet prescription from another physician. The patient is also utilizing Cymbalta for depression and pain. On 1/15/2014, the physician noted a pain score of 5/10 on a scale of 0 to 10. There were subjective complaints of neck pain radiating to the upper extremities associated with numbness and tingling in the hands. A Utilization Review (UR) determination was rendered recommending non certification for Omeprazole 20mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs), gastrointestinal symptoms & cardiovascular risk. Decision based on Non-MTUS Citation ODG, Pain chapter, Proton pump inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-71.

**Decision rationale:** The CA MTUS addresses the use of proton pump inhibitors (PPIs) for the prevention and treatment of NSAID-induced gastrointestinal complications. The incidence of these complications is increased in patients who are older than 65 years of age or who have a history of gastrointestinal disease. The records indicate that the patient was on chronic NSAID treatment from the Ibuprofen component of Vicoprofen. The patient was stated to be 67 years old and is utilizing multiple medications, thereby further increasing the risk for gastritis. The criteria for the use of Omeprazole 20mg #90 have been met. This request is medically necessary and appropriate.