

<b>Case Number:</b>	CM14-0109380		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/13/2007
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Rehab, has a subspecialty in Interventional Spine, 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 60 year old male with an injury date of 09/13/07. Based on the 01/07/14 progress report, the patient complains of neck pain which he rates as a 6/10, right/left shoulder pain which he rates as a 7/10, right/left elbow pain which he rates as a 6-7/10, and low back pain which he rates as a 6/10. The 04/08/14 report states that the patient is also having increased pain in his legs, rating his left leg pain as an 8/10. He has numbness and weakness along the right lower extremity. Palpation of the cervical spine elicits tenderness and hypertonicity of the paracervical muscles bilaterally. Range of motion is restricted in all directions. Foraminal compression test is positive bilaterally. In regards to the lumbar spine, palpation elicits tenderness of the paralumbar muscles bilaterally. Range of motion is restricted by pain and spasm in all directions. Valsalva maneuver is present, Kemp's test is positive on the left, straight leg raise is positive at 45 degrees on the right and 50 degrees on the left. For the shoulder, palpation elicits tenderness over the rotator cuff expanse on the right. Range of motion is restricted by pain upon flexion, extension, and abduction on the right. Impingement test is positive on the right, empty can-supraspinatus test is positive on the right, and apprehension test is positive on the right. The 05/06/14 report indicates that the patient continues to have neck pain, right/left shoulder pain, right/left elbow pain, and low back pain. The patient's diagnoses include the following: Cervical disc syndrome with bilateral radicular symptoms Right rotator cuff syndrome Lumbar disc syndrome Left sided L5-S1 radiculopathy The utilization review determination being challenged is dated 10/13/14. There were three treatment reports provided from 01/07/14, 04/08/14, and 05/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg quantity 60:** Upheld

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

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

**Decision rationale:** The patient presents with neck pain, right/left shoulder pain, right/left elbow pain, and low back pain. The request is for Omeprazole 20 mg quantity 60. The patient has been taking Omeprazole as early as 01/07/14. MTUS Guidelines page 68 and 69 state that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1.) Ages greater than 65. 2.) History of peptic ulcer disease and GI bleeding or perforation. 3.) Concurrent use of ASA or corticosteroid and/or anticoagulant. 4.) High-dose/multiple NSAID. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The patient is currently taking Hydrocodone and Relafen. He has been taking Omeprazole as early as 01/07/14. In this case, there is no discussions regarding what Omeprazole is doing for the patient. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The patient is not even on any oral NSAIDs to be concerned about GI prophylactic use. The requested Omeprazole is not medically necessary.