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| <b>Case Number:</b>   | CM14-0186434 |                              |            |
| <b>Date Assigned:</b> | 11/14/2014   | <b>Date of Injury:</b>       | 09/02/2003 |
| <b>Decision Date:</b> | 01/05/2015   | <b>UR Denial Date:</b>       | 10/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/10/2014 |

### 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 Emergency Medicine and is licensed to practice in New York. 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 53 year-old female, who was injured on September 2, 2003, while performing regular work duties. The injured worker underwent treatment with steroid injections, aquatic therapy, psychological therapy, physical therapy, gym membership, and medications. The records indicate medications prescribed to the injured worker are Lidoderm patch, Voltaren gel, Ultram ER, Skelaxin, and Omeprazole. The records mention Omeprazole as being one of the injured workers prescriptions used for reflux associated with medications, however do not indicate the efficacy. The request for authorization is for Omeprazole 20 mg #30. The primary diagnosis is brachial neuritis or radiculitis. Additional diagnoses are cervicogenic headaches, chronic shoulder strain, and multilevel cervical disc disease. On October 10, 2014, Utilization Review non-certified Omeprazole 20 mg #30 due to not meeting MTUS specific criteria of (1) age >65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA (aspirin), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drug(s).

### 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 Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 68.

**Decision rationale:** Omeprazole is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request for Omeprazole is not medically necessary.