

<b>Case Number:</b>	CM14-0188563		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a male patient with a date of injury of January 13, 2012. A utilization review determination dated October 23, 2014 recommends non-certification of Omeprazole 20 mg #60 with modification to #30. A progress note dated October 2, 2014 identifies subjective complaints of multiple issues surrounding the patient's neck, thoracic back, and shoulder injuries; although the patient states he is slightly better. The physical examination reveals impingement findings in the left shoulder, tenderness in the subacromial fossa posteriorly, and bicipital tendon soreness. The diagnoses include cervical strain with resultant musculoskeletal headaches, abnormal dorsal kyphosis increased with musculoskeletal complaints and headaches, left biceps bicipital tendinitis with a bone spur of the shoulder, bilateral tennis elbow, low back pain, possible brachial plexus injury, left shoulder girdle strain injury involving the cervical area and shoulder area and impingement of the left shoulder, temporomandibular joint dysfunction, and chronic pain disorder. The treatment plan recommends a refill of tramadol 150 mg b.i.d.; the patient was advised to not take an anti-inflammatory, and omeprazole was refilled due to reflux symptoms of gastric irritation associated with medication intake.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 10th Edition, Treatment Index, Drug Formulary, Proton Pump Inhibitors

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

**Decision rationale:** Regarding the request for omeprazole 20mg #60, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is a risk for gastrointestinal events with NSAID use, or another indication for this medication. Furthermore, the patient was advised to discontinue the use of anti-inflammatories. In light of the above issues, the currently requested Omeprazole 20mg #60 is not medically necessary.