

<b>Case Number:</b>	CM14-0190103		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	07/08/2013
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 & 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 37 year old female patient with an injury date of 07/08/2013. The injury noted described as while kneeling at work a metal beam fell on her and landed on her right upper extremity causing immediate pain. The injury was reported and she underwent physical therapy, acupuncture and medication treatments. Diagnostic testing performed included a MRI and on 11/16/2013 an EMG nerve conduction study of which found the MRI revealed tenosynovial fluid around the second extensor tendon and the EMG study noted with negative findings. An orthopedic follow up note dated 08/19/2014 described the patient continued with significant complaint of pain in the right elbow especially when in use and lifting. The objective findings showed positive for tenderness over the lateral epicondyle and positive pain with resisted wrist flexion. She also had positive pain with long finger extension. She was diagnosed with right lateral epicondylitis and chronic intractable pain. The plan of care involved a right open lateral fasciectomy. A follow up orthopedic visit dated 10/28/2014 described the patient as post-operative and sutures removed that day with plan of care to involve physical therapy 3 x 6 weeks. She remained on light duty with no use of right upper extremity through 11/27/2014. The patient was given prescriptions for Diclofenac XR 100mg # 60 and Omeprazole 20Mg #10 as prophylaxis for NSAID induced gastritis. The Utilization Review denied the request for Omeprazole 20mg on 10/14/2014 stating it did not meet medical necessity requirements.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton Pump Inhibitors

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 and 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

**Decision rationale:** Regarding the request for Omeprazole (Prilosec), 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 no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Omeprazole (Prilosec) is not medically necessary.