

<b>Case Number:</b>	CM14-0204521		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	06/03/2012
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 46-year-old female with an injury date of 06/03/2012. Based on the 04/03/2014 progress report, the patient presents with GI problems as well as problems sleeping. The 05/29/2014 report states that the patient has neck pain which radiates into the shoulder blades/arms and is associated with throbbing/stabbing sensations. She rates his pain as a 7/10 and her neck pain is aggravated by headaches. The patient has shoulder pain which radiates into her arms and is associated with popping, burning, swelling, stabbing, and throbbing sensations. She rates the shoulder pain as a 7/10 as well. The patient also has low back pain which radiates into the legs/feet and is associated with tingling, numbness, pressure, tension, stabbing, and throbbing sensations. The patient rates his low back pain as an 8/10. The patient continues to have knee pain which radiates into the thighs and is associated with popping, swelling, stabbing, and throbbing sensations. The patient rates his knee pain as a 5/10. The patient has dry mouth issues and feels depressed, anxious, hopeless, and stressed. She has difficulty sleeping (due to stress, depression, anxiety), is constantly tired, and has problems concentrating. The 08/11/2014 report indicates that the patient has pain in her cervical spine, shoulders, low back, knees, and has had headaches. She has a history of gastropathy as well. The patient's diagnoses include the following: 1. Gastropathy by history. 2. Cervical disk syndrome, radiculopathy/mild fasciitis ruled out. 3. Lumbar spine disk syndrome and radiculopathy ruled out. 4. Thoracic spine strain/sprain. 5. Bilateral shoulder tendinitis. 6. Bilateral knee internal derangement/sprain/strain ruled out. 7. Cephalgia secondary to the effects of the MRI. The utilization review determination being challenged is dated 11/14/2014. Treatment reports were provided from 01/16/2014 - 11/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Omeprazole 20mg #60 (DOS 10/01/2014): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

**Decision rationale:** The patient presents with gastritis, insomnia, neck pain, bilateral shoulder pain, low back pain, and knee pain. The retrospective request is for OMEPRAZOLE 20 MG #60 (DOS: 10/01/2014). The report with the request was not provided. The patient has been taking Omeprazole as early as 08/11/2014. MTUS Guidelines pages 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal event: 1) Ages greater than 65, 2) History of peptic ulcer disease and GI bleeding of 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 risks: treatment of dyspepsia secondary to the NSAID therapy: stop the NSAID, switch to different NSAID, or consider H2-receptor antagonist or a PPI. As of 08/11/2014, the patient is taking Tramadol, Tizanidine, Ultracet, Flexeril, Omeprazole, Lorazepam, Atenolol, and Alprazolam. The patient has been taking Omeprazole since 08/11/2014 and has been diagnosed with gastropathy by history. Although the patient has a history of gastropathy, none of the reports discuss what this medication is doing for the patient. There are no GI symptoms described, and no discussion regarding how Omeprazole is managing the symptoms. The requested Omeprazole IS NOT medically necessary.