

<b>Case Number:</b>	CM14-0213464		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Tennessee, Mississippi

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 65-year-old female with an 11/17/11 date of injury. The injury occurred as a result of a car accident. According to a progress report dated 10/15/14, the patient complained of mid back pain rated as a 5/10 and neck pain rated as a 6/10. She has been experiencing some breakthrough cervical and upper extremity pain consistent with left upper extremity radiculopathy. She had weakness in the left upper extremity radiating pain from the neck to the left upper extremity. Her medication regimen consisted of Klonopin, Prilosec, Zanaflex, and tramadol. She noted 30% reduction in pain with the current treatment plan. Treatment plan involved Prilosec as a proton pump inhibitor for NSAID related gastritis and gabapentin for neuropathic pain. Objective findings: tightness of cervical spine noted, myofascial restrictions noted in the left levator and rhomboid groups, pain noted in lumbar spine, limited range of motion of cervical spine. Diagnostic impression: cervical discogenic pain, cervical myofascial pain, cervicogenic headaches. Treatment to date: medication management, activity modification, and surgery. A UR decision dated 12/11/14 denied the request for omeprazole. This patient is not at intermediate risk of GI event and the request is not reasonable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole).

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In the present case, it is noted that the provider has prescribed Prilosec for NSAID-related gastritis. However, in the medical records provided for review, there is no evidence that this patient's medication regimen includes an NSAID. In addition, there is no documentation that this patient has any gastrointestinal complaints. Furthermore, the dosage and quantity of medication requested was not noted. Therefore, the request for Omeprazole was not medically necessary.