

<b>Case Number:</b>	CM14-0217066		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	07/21/2013
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 43 year old male with an industrial injury dated 07/21/2013. The injured worker states he was exiting the semi-truck and in an attempt to catch himself from falling he grabbed onto the door with his left hand. While pushing himself back up he felt a tearing painful sensation in his left triceps and elbow area. On 11/26/2014 the injured worker presented for follow up with complaints of left elbow pain, stiffness and weakness. Prior treatment includes an MRI that revealed a triceps tear with surgery on 08/06/2013. EMG/NCV on 09/23/2014 revealed mild bilateral carpal tunnel syndrome. Other treatments include physical therapy and medications. Diagnosis was sprain/strain of elbow/arm, unspecified; lesion of ulnar nerve and lumbar sprain/strain. Prilosec 20 mg # 60 was requested for gastrointestinal distress. On 12/10/2014 the request for Prilosec 20 mg # 60 was non-certified by utilization review. MTUS and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Proton Pump Inhibitors (PPIs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69. Decision based on Non-MTUS Citation Pain; NSAIDs and GI risk

**Decision rationale:** MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or(4) high dose/multiple NSAID (e.g., NSAID low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200mg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. Additionally, there is no evidence provided to indicate the patient suffers from dyspepsia because of the present medication regimen. As such, the request for Omeprazole 20mg #60 is not medically necessary.