

<b>Case Number:</b>	CM15-0002771		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	05/26/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 50-year-old female who reported an injury on 05/26/2013. The mechanism of injury was not provided. On 11/12/2014, the injured worker presented with worsening left knee pain secondary to overcompensation of the right knee injury. Examination of the cervical spine noted spasm and tenderness to the paravertebral muscles. There are no deficits in sensation in any dermatomes in the upper extremity to light touch or pinprick. There was a positive bilateral Spurling's. Examination of the bilateral shoulders revealed tenderness to palpation over the trapezius. There was decreased range of motion noted. The diagnoses were cervical radiculopathy, sprain and strain of the shoulder and upper arm, and lateral epicondylitis. Current medications included carisoprodol, hydrocodone, naproxen sodium, and Omeprazole. The treatment plan included Omeprazole DR 20 mg with a quantity of 30 and 2 refills. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole Dr 20mg #30 Refills 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and Gastrointestinal Symptoms Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 68-70.

**Decision rationale:** The request for Omeprazole Dr 20mg #30 Refills 2 is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy for those taking NSAID medications or are at moderate to high risk for gastrointestinal events. The documentation submitted for review lacked evidence of the injured worker being at moderate to high risk for gastrointestinal events. There is no evidence of the injured worker having dyspepsia secondary to NSAID therapy. Additionally, there is no information on treatment history or length of time the injured worker has been prescribed Omeprazole, and the efficacy of the prior use of the medication was not submitted for review. The provided request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.