

<b>Case Number:</b>	CM15-0101760		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	06/11/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 34 year old female, who sustained an industrial injury on 06/11/2012. She has reported subsequent neck, back, right shoulder and wrist pain and was diagnosed with cervical facet arthropathy, right elbow extensor tenosynovitis, cervical myofascial strain, right De Quervain's tenosynovitis and cervicgia. Treatment to date has included oral and topical pain medication, surgery, physical therapy and massage therapy. In a progress note dated 03/17/2015, the injured worker complained of neck, mid and low back, right shoulder and wrist pain. Objective findings were notable for hypertonicity of the paraspinal muscles from C3-C7 bilaterally and bilateral trapezii with multiple trigger points and twitch responses, tenderness to palpation of these areas and positive bilateral Facet loading and right Finkelstein's tests. A request for authorization of Omeprazole was submitted for gastrointestinal protection with the use of oral non-steroid anti-inflammatory medications.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Omeprazole 20mg #60 is not medically necessary or appropriate.