

<b>Case Number:</b>	CM15-0010102		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	01/23/1998
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 56-year-old female, who sustained an industrial injury on 1/23/98. She has reported pain in the knees and shoulders. The diagnoses have included chronic bilateral shoulder pain, C4-C7 spinal fusion and knee joint instability. Treatment to date has included MRI's, electrodiagnostic studies, left shoulder subacromium injections and oral medication. As of the PR2 dated 12/17/14, the injured worker reported pain in the bilateral knees but that the Norco brings her pain significantly down. The treating physician requested Prilosec 20mg #30 for chronic opioid use. On 12/17/14 Utilization Review non-certified a request for Prilosec 20mg #30. The UR physician cited the MTUS guidelines for Omeprazole. On 1/16/15, the injured worker submitted an application for IMR for review of Prilosec 20mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg, once daily, qty 30 tablets with 2 refills for chronic pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 68-69, Postsurgical Treatment Guidelines.

**Decision rationale:** This worker has chronic pain with an injury sustained in 1998. Omeprazole is a proton pump inhibitor, which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 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). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole. Therefore, the request is not medically necessary.