

<b>Case Number:</b>	CM15-0133160		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 52-year-old male, who sustained an industrial injury on 07/02/2013. The injured worker is currently diagnosed as having cervicalgia, cervical radiculopathy, lumbar radiculopathy, lumbar facet dysfunction, sacroiliac joint dysfunction, anxiety, depression, shoulder pain with bursitis, tendinosis, and impingement, degenerative joint disease of the hip, and carpal tunnel syndrome. Treatment and diagnostics to date has included chiropractic treatment, home exercise program, and medications. In a progress note dated 05/18/2015, the injured worker presented with complaints of left flank and shoulder pain, which he rated 7/10 without medications and 3/10 with medications. The injured worker also reported occasional constipation, diarrhea, and upset stomach. Objective findings include soft and nontender abdomen, positive left straight leg raise test, positive Patrick's test into the left hip and bilateral lower back, positive facet loading and Spurling's tests, and tenderness to palpation over the cervical and lumbar paraspinal muscles and sacroiliac joint region. The treating physician reported requesting authorization for Omeprazole. The medication list include Tramadol, Voltaren gel, Elavil, Gabapentin, Naproxen and Omeprazole. The patient had used a TENS unit for this injury. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided. The patient has had history of DM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg one capsule by mouth daily #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page 68-69 Page(s): 68-69.

**Decision rationale:** Omeprazole 20mg one capsule by mouth daily #30. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when: "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." The injured worker also reported occasional constipation, diarrhea, and upset stomach. The patient has had nausea with medications and also he is taking naproxen. Therefore, there are significant GI symptoms, along with NSAID use. The request for Omeprazole 20mg one capsule by mouth daily #30 is medically necessary and appropriate for this patient.