

<b>Case Number:</b>	CM15-0134579		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Arizona, 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 30 year-old male who sustained an industrial/work injury on 2/14/13. He reported an initial complaint of severe neck pain radiating to the right hand. The injured worker was diagnosed as having shoulder and arm sprain and neck sprain with degenerative disc disease. Treatment to date includes medication, chiropractic treatment, facet injections, and activity modification. MRI results were reported on 8/15/13. X-ray results reported on 6/4/14 of the right shoulder were negative. EMG/NCV (electromyography and nerve conduction velocity test was completed on 7/3/15 with negative results. Currently, the injured worker complained of neck pain and pain in the right shoulder which radiates to the right elbow down to the right hand with difficulty with grip. Per the qualified medial reevaluation report on 6/10/15, exam reported asymmetry of the cervical spine with guarding of the right paracervical and right rhomboid regions, and decreased range of motion. The shoulder exam noted asymmetry of the right shoulder, pain in the right levator scapular region and the medial aspect of the scapula, decreased range of motion with forward flexion and abduction. The elbow exam was negative. Current plan of care included medication. The requested treatments include Omeprazole 20mg.

### 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 & cardiovascular risk Page(s): 68-69.

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

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Therefore, the continued use of Omeprazole is not medically necessary.