

<b>Case Number:</b>	CM15-0135665		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 24-year-old who has filed a claim for chronic neck, mid back, low back, shoulder, and finger pain reportedly associated with an industrial injury of February 21, 2014. In a Utilization Review report dated July 10, 2015, the claims administrator failed to approve a request for omeprazole. The claims administrator referenced a June 8, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On a handwritten progress note dated May 12, 2015, the applicant reported ongoing complaints of neck, shoulder, and finger pain. The note was very difficult to follow, not altogether legible. The note comprised, in large part, of pre-printed checkboxes. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working. MRI imaging of lumbar spine and left shoulder was sought. The applicant was given prescriptions for Motrin and Flexeril. There was no mention of the applicant's having issues with reflux or heartburn at this point. In a June 8, 2015 RFA form, acupuncture, electrodiagnostic testing, and a shoulder surgery consultation were sought. There was no mention of the applicant's having any issues with dyspepsia at this point. Acupuncture notes of May 14, 2015 and June 23, 2015 likewise made no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia. A February 17, 2015 Doctors First Report (DFR) was notable for commentary that the applicant had issues with neck, shoulder, mid back, and low back pain. The applicant had derivative complaints of depression, anxiety, and insomnia, it was reported. Once again, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on this date.

## **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.

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

**Decision rationale:** No, the request for omeprazole, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on multiple progress notes, referenced above. Therefore, the request was not medically necessary.