

<b>Case Number:</b>	CM15-0184541		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	06/04/2015
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2015

### 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: Pennsylvania  
 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 22 year old male, who sustained an industrial injury on June 4, 2015. Medical records indicate that the injured worker is undergoing treatment for a lower back contusion, lumbar sprain-strain, right shoulder sprain-strain, hip contusion and a contusion of the scapular region. The injured worker was noted to be temporarily totally disabled. On (8-17-15) the injured worker complained of right shoulder pain and low back pain rated 7 out of 10 on the visual analogue scale. Lumbar spine examination revealed tenderness to palpation of the paraspinal muscles and diffuse right hip pain. Range of motion was decreased with guarding. Examination of the right shoulder revealed guarding and a decreased range of motion. The injured worker received ultrasound therapy to the right shoulder and lumbar spine during the visit. The ultrasound therapy provided temporary pain relief and relaxation of the muscles. Gastrointestinal symptoms were not noted in the medical records. Treatment and evaluation to date has included medications, transcutaneous electrical nerve stimulation unit, lumbar support, heat-cold packs, steroid injections, acupuncture treatments and physical therapy (8). Current medications include Naproxen, Gabapentin and Omeprazole (since July of 2015). The request for authorization dated 7-28-15 included a request for Omeprazole 20 mg # 60 with no refills. The Utilization Review documentation dated 8-20-15 non-certified the request for Omeprazole 20 mg # 60 with no refills.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Omeprazole capsules 20mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the MTUS, proton pump inhibitors such as omeprazole are indicated for patients on NSAID's at intermediate risk for gastrointestinal events. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical record did not indicate that this worker was at risk for gastrointestinal events, had any GI complaints, or had any other indication for a PPI. Therefore, omeprazole is not medically necessary.