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| <b>Case Number:</b>   | CM15-0185454 |                              |            |
| <b>Date Assigned:</b> | 09/25/2015   | <b>Date of Injury:</b>       | 06/24/2013 |
| <b>Decision Date:</b> | 11/06/2015   | <b>UR Denial Date:</b>       | 09/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/21/2015 |

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53 year old female who sustained an industrial injury on 6-24-13. The diagnosis is noted as right lateral epicondylitis with partial tearing of the extensor origin. Previous treatment includes physical therapy, MRI-elbow 9-9-13, elbow compression sleeve, injection-elbow 4-23-15, and medication. In a progress report dated 4-23-15, the physician notes complaints of pain in the right lateral elbow. Exam of the upper extremities reveals tenderness over the right lateral elbow with a positive middle finger test and pain with resisted wrist extension, and tenderness over the dorsal aspect of the right hand; dorsal thumb, index and middle fingers. Range of motion is full and Tinel's sign and Phalen's test are negative. An ultrasound evaluation of the right elbow is reported to show a partial tear of the extensor origin, joint surfaces appear to be intact and there were no loose bodies within the joint. Work status as of 4-23-15 notes she is working full duty. Medications are noted as Voltaren 100mg twice a day to be taken with food and Prilosec 20mg twice a day. A request for authorization is dated 8-25-15. The requested treatment of retrospective (date of service 4-23-15) Omeprazole 20mg #60 was denied on 9-3-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Omeprazole 20mg #60 (DOS 4/23/15): 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, GI symptoms & cardiovascular risk.

**Decision rationale:** The current request is for Retro: Omeprazole 20mg #60 (DOS 4/23/15). The RFA is dated 08/25/15. Treatment history includes physical therapy, MRI-elbow 9-9-13, elbow compression sleeve, injection 4-23-15, and medications. The patient is working full-duty. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per report 08/06/15, the patient reports continued improvement of her right elbow pain. Examination of the upper extremities revealed mild tenderness over the lateral right elbow, full range of motion, and mild pain with resisted wrist extension. The diagnosis is right lateral epicondylitis with partial tearing of the extensor origin. The patient has returned to work full duty. Treatment plan is for the patient to continue with Voltaren and Prilosec. This patient has been using this combination of medication since at least 04/23/15. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. In this case, the treater has not provided GI assessment and there is no documentation of benefit from prophylactic use of Omeprazole. Therefore, the request is not medically necessary.