MAXIMUS Federal Services

| Case Number: | CM15-0201695 | | |
|---|---|---|---|
| Date Assigned: | 10/16/2015 | Date of Injury: | 03/15/2013 |
| Decision Date: | 12/15/2015 | UR Denial Date: | 09/09/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

## 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 67 year old female who sustained an industrial injury on 03-15-2013. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar sprain and strain, shoulder impingement and wrist contusion. According to the treating physician's progress report on 08-30-2015, the injured worker continues to experience lower back and left shoulder pain with acute flare-up. Examination of the left shoulder demonstrated tenderness to palpation at the anterior aspect with decreased range of motion on flexion and abduction with positive impingement signs. The left wrist was tender to palpation at the first dorsal compartment and at the joint line. Resisted dorsiflexion produced pain. The lumbar spine revealed paravertebral muscles tenderness and spasm with restricted range of motion. Motor strength, deep tendon reflexes and sensation were intact with positive bilateral straight leg raise. Prior treatments have included diagnostic testing, chiropractic therapy and medications. There were no documented gastrointestinal (GI) difficulties documented or side effects from medications. The injured worker has been receiving Omeprazole for at least 4 months. Current medications were listed as Ketoprofen ER 200mg #30 and Omeprazole. Treatment plan consists of chiropractic therapy and the current request for Omeprazole DR 20mg #30 with 2 refills. On 09-09-2015 the Utilization Review modified the request for Omeprazole DR 20mg #30 with 2 refills to Omeprazole DR 20mg #30 with 0 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole Dr 20mg #30 with 2 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

**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 antiplatelet use that would place the claimant at risk. The claimant was on NSAIDS and Omeprazole for a year and long-term use of either medication is not recommended. Therefore, the continued use of Omeprazole is not medically necessary.