

<b>Case Number:</b>	CM15-0208881		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	06/15/2012
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic neck, shoulder, elbow, wrist, hand pain reportedly associated with an industrial injury of June 15, 2012. In a Utilization Review report dated October 10, 2015, the claims administrator failed to approve a request for Prilosec. A September 30, 2015 office visit was referenced in the determination. On a Doctors First Report (DFR) dated September 30, 2015, the applicant reported multifocal complaints of hand, wrist, and upper extremity pain, seemingly attributed to cumulative trauma at work. Naprosyn, Prilosec, electrodiagnostic testing of upper extremities, hand therapy and a follow up visit were endorsed. It was not stated why Omeprazole was prescribed as there was no mention of the applicants having any 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 #90:** 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.

**Decision rationale:** No, the request for Omeprazole (Prilosec), a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicants having issues with reflux, heartburn, and/or dyspepsia, either NSAID- induced or stand-alone, on the September 30, 2015 office visit at issue. Therefore, the request was not medically necessary.