

<b>Case Number:</b>	CM15-0209800		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: 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 injured worker is a 51 year old female who sustained an industrial injury on 6-18-12. A review of the medical records indicates she is undergoing treatment for cervicgia, cervical radiculopathy, depression, shoulder pain with impingement, and history of bilateral carpal tunnel release. Medical records (5-6-15, 6-3-15, 6-9-15, 7-1-15, 7-29-15, 8-18-15, and 8-26-15) indicate ongoing complaints of neck pain, rating "4-7 out of 10" with medications and "8-9 out of 10" without medications. She has also complained of constipation and periodic "upset stomach" (5-6-15, 8-26-15). The physical exam (8-26-15) reveals positive Spurling's test. Decreased sensation is noted in bilateral hands. Weakness is noted in the right biceps and triceps. Tenderness to palpation is noted over the cervical paraspinal muscles, upper trapezius muscle, and scapular border. Diagnostic studies have included an EMG-NCV of bilateral upper extremities, x-rays of the cervical spine, and MRIs of the cervical and lumbar spine. Treatment has included physical therapy, a cervical epidural steroid injection, and medications. Her medications include Omeprazole, Gabapentin, and Ibuprofen. She has been receiving Omeprazole since, at least, 4-8-15. The utilization review (10-7-15) includes a request for authorization of Omeprazole 20mg #30. The request was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30:** Overturned

**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:** Proton pump inhibitors (PPI), such as Omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. In this case, there is documentation of stomach upset with the use of Ibuprofen. The injured worker has had relief with the prior use of Omeprazole. A PPI is indicated in this case. The request for Omeprazole 20mg #30 is determined to be medically necessary.