

<b>Case Number:</b>	CM15-0022902		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	11/17/2009
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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 reported an injury on 11/17/2009 after being hit by a pallet rider. The injured worker reportedly sustained an injury to her back. The injured worker's treatment history included physical therapy, a TENS unit and multiple medications. The injured worker was evaluated on 12/31/2014. The injured worker's diagnoses included cervicogenic headaches, chronic neck pain, herniated disc of the cervical spine, chronic low back pain, herniated disc of the lumbar spine, radiculitis of the lower extremities, and anxiety. The injured worker's medications were noted to be diclofenac XR for an anti-inflammatory, omeprazole 20 mg for NSAID gastritis prophylaxis, and tramadol extended release for chronic pain relief. Objective findings at that appointment included restricted cervical spine range of motion secondary to pain and restricted lumbar spine range of motion secondary to pain with tenderness to palpation of the paralumbar musculature. The injured worker had diminished sensation in the left lower extremity L4 nerve root distribution. The injured worker's treatment plan included continuation of medications and referral to a spine surgeon. A request for authorization form was submitted on 01/12/2015 to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The requested Omeprazole DR 20 mg #30 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients at risk for developing gastrointestinal events related to medications usage. However, the clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at risk for developing gastrointestinal symptoms related to medication usage. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Omeprazole DR 20 mg #30 is not medically necessary or appropriate.