

<b>Case Number:</b>	CM15-0029303		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 52 year old male, who sustained an industrial injury on July 2, 2013. He has reported injuring his neck, upper back, mid back, lower back and bilateral shoulders while lifting eight jammed poles out of the ground twice a day, Magnetic resonance imaging and X-rays were performed after the injury. The diagnoses have included cervicgia, cervical radiculopathy, shoulder pain, bursitis, tendonitis and impingement, degenerative joint disease of the hip, lumbar radiculopathy, lumbar facet dysfunction, sacroiliac joint dysfunction, anxiety, depression, carpal tunnel syndrome and diabetes. Treatment to date has included physical therapy, and home remedies, Magnetic resonance imaging of the cervical spines. Currently, the injured worker complains of neck, upper back, mid back, lower back and bilateral shoulders pain. In a progress note dated January 12, 2015, the treating provider reports straight leg raise was positive to the left leg, Patrick's test was positive into the left hip and bilateral low back, facet loading and Spurling's test were positive, decreased sensation to light touch in bilateral hands, weakness in bilateral grip strength and right biceps with left hip flexion, tenderness to palpation over the cervical paraspinal musculature, upper trapezius, scapular border, lumbar paraspinal musculature and sacroiliac joint region, cross arm and Hawkins test both noted on the bilateral shoulders, left bicipital tendon was tender to palpation and Tinel's sign positive in bilateral wrists. On February 6, 2015 Utilization Review non-certified a omeprazole 20mg, noting, Medical Treatment Utilization Schedule Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 MG 30 Caps:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26, Page 68.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 20 MG 30 Caps is not medically necessary.