

<b>Case Number:</b>	CM15-0213448		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	09/19/2011
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: Pennsylvania

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 39 year old female who sustained an industrial injury September 19, 2011. Diagnoses are cervical radiculopathy; cervical sprain, strain; lumbar radiculopathy; lumbar sprain strain; right hip sprain, strain; left sacroiliac joint sprain. According to a primary treating physician's most recent progress report dated April 14, 2015, the injured worker presented with complaints of constant neck pain, constant moderate achy low back pain, and constant moderate right and left hip pain. Current medication included Tramadol, Zolpidem, Cyclobenzaprine, and Pantoprazole. Objective findings included; cervical-tenderness to palpation of the cervical paravertebral muscles with spasm, positive Spurling's bilaterally; lumbar- tenderness to palpation with spasm of the lumbar paravertebral muscles, straight leg raise positive bilaterally and Patrick's FABERE is negative; right hip- tenderness to palpation of the anterior, lateral and posterior hip with spasm; left hip-tenderness to palpation of the sacroiliac joint with spasm. Treatment plan included medications dispensed, awaiting psych report, pending functional capacity evaluation, and follow-up with orthopedic surgeon in 4 weeks. At issue, is a request for authorization for Omeprazole. According to utilization review dated October 8, 2015, the request for Omeprazole 20mg #60 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** 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:** According to the medical record, this worker has previously been taking another PPI, pantoprazole. An RFA states that omeprazole is for stomach pain. The progress notes however do not mention stomach pain nor is there a related diagnosis given. Proton pump inhibitors such as omeprazole are indicated for patients on NSAID's at intermediate risk for gastrointestinal events. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records available to this reviewer did not indicate that this worker was on an NSAID and at risk for gastrointestinal events. Therefore, omeprazole is not medically necessary. There was also no other appropriate indication given for a PPI such as GERD, esophagitis, gastritis or peptic ulcer disease.