

<b>Case Number:</b>	CM15-0236756		
<b>Date Assigned:</b>	12/14/2015	<b>Date of Injury:</b>	11/11/2009
<b>Decision Date:</b>	01/20/2016	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 11-11-09. A review of the medical records indicates she is undergoing treatment for cervical strain and cervical radiculopathy. Medical records (7-1-15, 7-23-15, 9-3-15, and 10-1-15) indicate complaints of neck pain, left shoulder pain, and left upper extremity pain. She rates her pain "7-10 out of 10" (7-1-15, 7-23-15). The 9-3-15 record indicates "improved pain, function, range of motion, and overall sense of comfort". The objective findings (10-1-15) reveal spasm and tenderness to palpation of the cervical spine. The provider indicates that "acupuncture has improved the left trapezius region". Treatment has included medications, acupuncture, and physical therapy. Her medications include Naproxen, Zanaflex, and Omeprazole (since at least 7-1-15). The records indicate that she "remains permanent and stationary and permanent work restrictions unchanged". The 7-1-15 record indicates that she receives Prilosec "due to chronic use of nonsteroidal anti-inflammatory drugs and Zanaflex". The utilization review (10-1-15) includes a request for authorization of Omeprazole 20mg #60 with 3 refills. 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 #60 with 3 refills: 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:** The claimant sustained a work injury in November 2009 and continues to be treated for neck and low back pain. In July 2015 she had pain rated at 7-8/10. Medications were Zanaflex, naproxen, and Prilosec. Medications were decreasing pain from 8-10/10 to 5/10. Acupuncture treatments were pending. Physical examination findings included bilateral trapezius and levator scapula tenderness with spasms. There was decreased and guarded cervical spine range of motion due to pain. There was decreased and painful left shoulder pain with rotator cuff weakness. Acupuncture treatments were to be scheduled. When seen in October 2015 the acupuncture had improved her left trapezius region. She had cervical spasm and tenderness. Medications were continued. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as omeprazole is not considered medically necessary.