

<b>Case Number:</b>	CM13-0068766		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	09/07/2007
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 58 year-old female, who sustained an injury on September 7, 2007. The mechanism of injury occurred from cumulative trauma. Diagnostics have included: November 2013 x-rays reported as showing no specific abnormalities. Treatments have included: medications. The current diagnoses are: DeQuervain's tenosynovitis, ulnar neuritis, cervical radiculopathy, hand and wrist pain, trigger finger. The stated purpose of the request for Omeprazole 20 mg qd, was to provide relief from medication-induced heartburn. The request for Omeprazole 20 mg qd, was denied on December 9, 2013, noting that Nabumetone made reflux worse but that NSAID had been discontinued. Per the report dated November 18, 2013, the treating physician noted pain to both wrists and hands and that Nabumetone made reflux worse and she discontinued its use, but that Tramadol also caused GI symptoms. Exam findings included wrist and neck tenderness, negative Tinel's sign at the wrist but present for the ulnar cubital tunnel. Per the report dated December 5, 2013, the treating physician noted that he could stop Voltaren Gel and Nabumetone and see if that helps, and if he still needs omeprazole, would request a GI consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20MG QD:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The requested OMEPRAZOLE 20MG QD, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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 (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has pain to both wrists and hands and that Nabumetone made reflux worse and she discontinued its use, but that Tramadol also caused GI symptoms. The treating physician has documented wrist and neck tenderness, negative Tinel's sign at the wrist but present for the ulnar cubital tunnel. Per the report dated December 5, 2013, the treating physician noted that he could stop Voltaren Gel and Nabemetone and see if that helps, and if he still needs omeprazole, would request a GI consult. The treating physician has not documented continuance of GI symptoms after the afore-mentioned medication modification trial. The criteria noted above not having been met, OMEPRAZOLE 20MG QD, is not medically necessary.