

<b>Case Number:</b>	CM14-0145166		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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 patient is a 38 year old male who was injured on 09/26/2011. The mechanism of injury is unknown. Progress report dated 07/24/2014 documented the patient to have complaints of intermittent heartburn, acidity in the mouth and nausea but symptoms are relieved with Omeprazole. On exam, he appeared in no distress. The patient is recommended to continue Omeprazole 20 mg #30. Prior utilization review dated 08/06/2014 states the request for Omeprazole 20mg #30 is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on the Chronic Pain Medical Treatment Guidelines, Omeprazole, a proton pump inhibitor, is recommended for patients at risk of gastrointestinal events and should be used at the lowest dose for the shortest possible amount of time. In this case, the supporting documentations indicated the use of Omeprazole for over a year and long-term use is not

supported by guideline recommendations. Based on the lack of supporting documentation of what Omeprazole is specifically being prescribed for, the request is not medically necessary.