

<b>Case Number:</b>	CM14-0153035		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	12/02/2002
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Pain 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 53-year-old female who reported an injury on 12/02/2002. The mechanism of injury was not provided. The injured worker's diagnoses included lumbar spine radiculitis, depression/anxiety, obesity (moderate), left carpal tunnel syndrome (no surgery), lumbar disc bulge with stenosis, positive weakness, cervical radiculopathy, left knee VA x1, and cervicogenic myofascial pain. The injured worker's past treatments included medications. On the clinical note dated 08/13/2014, the injured worker complained of pain and swelling in the left knee rated 8/10. The injured worker had full range of motion, positive crepitus, painful with standing and walking, low back is tender L4-5, positive straight leg raise on the left, and sensation is decreased in the left leg. The injured worker's medications included Prilosec 20 mg (twice a day), Voltaren 75 mg (twice a day), Neurontin 600 mg (at bedtime), and Prozac. The request was for Omeprazole 20 mg, QTY: 120. The rationale for the request was not provided. The Request for Authorization form was submitted on 08/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg, QTY: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI, Page(s): 68-69..

**Decision rationale:** The request for Omeprazole 20 mg, QTY: 120 is not medically necessary. The injured worker was diagnosed with lumbar spine radiculitis, depression/anxiety, obesity (moderate), left carpal tunnel syndrome (no surgery), lumbar disc bulge with stenosis and positive weakness, cervical radiculopathy, left knee VA x1, and cervicogenic myofascial pain. The injured worker complained of left knee pain rated 8/10 with swelling. California MTUS Guidelines recommend the use of proton pump inhibitors with the use of NSAIDs if the patient is at high risk for gastrointestinal events. The injured worker's medical records lack documentation of a history of peptic ulcer, GI bleeding, or perforation. The medical records lack documentation of the injured worker having any current gastrointestinal issues. Additionally, the request does not indicate the frequency of the medication. As such, the request for Omeprazole 20 mg, QTY: 120 is not medically necessary.