

<b>Case Number:</b>	CM14-0154542		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	02/03/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 & Rehabilitation 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:

This 48 year-old patient sustained an injury on 2/3/10 while attempting to catch falling trays. Request(s) under consideration include Retrospective request for 60 capsules of omeprazole 20 mg with 2 refills (DOS 8/13/2014). Diagnoses include multilevel cervical spine disc herniation, facet arthropathy; and stenosis at C5-7; s/p right CTR on 2/4/13 and right shoulder arthroscopy in 2010. Medications list Prilosec, Norco, Trazodone, Aspirin, and Advil. Conservative care has included medications, chiro/ therapy, acupuncture, and modified activities/rest. Report of 8/13/14 from the provider noted the patient with persistent headaches radiating to back of head and into the eyes. Exam showed decreased cervical range; tenderness to palpation; diffuse decreased sensatin at C5-8 on right; diffuse diminished upper extremity strength and hyperreflexia bilaterally. Treatment included neuro consult for headaches and refill of medicatins. The request(s) for Retrospective request for 60 capsules of omeprazole 20 mg with 2 refills (DOS 8/13/2014) was non-certified on 9/4/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 60 capsules of omeprazole 20 mg with 2 refills (DOS 8/13/2014):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, (non-steroidal anti-inflammatory drugs), GI symptoms & car.

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

**Decision rationale:** This 48 year-old patient sustained an injury on 2/3/10 while attempting to catch falling trays. Request(s) under consideration include Retrospective request for 60 capsules of omeprazole 20 mg with 2 refills (DOS 8/13/2014). Diagnoses include multilevel cervical spine disc herniation, facet arthropathy; and stenosis at C5-7; s/p right CTR on 2/4/13 and right shoulder arthroscopy in 2010. Medications list Prilosec, Norco, Trazodone, Aspirin, and Advil. Conservative care has included medications, chiro/ therapy, acupuncture, and modified activities/rest. Report of 8/13/14 from the provider noted the patient with persistent headaches radiating to back of head and into the eyes. Exam showed decreased cervical range; tenderness to palpation; diffuse decreased sensation at C5-8 on right; diffuse diminished upper extremity strength and hyperreflexia bilaterally. Treatment included neuro consult for headaches and refill of medications. The request(s) for Retrospective request for 60 capsules of omeprazole 20 mg with 2 refills (DOS 8/13/2014) was non-certified on 9/4/14. Omeprazole medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers, none of which apply to this patient. Submitted reports have not described or provided any confirmed GI diagnosis of erosive esophagitis or hypersecretion diseases that meets the criteria to indicate medical treatment in a patient not taking NSAIDs. Review of the records show no documentation of any history, symptoms, clinical findings to warrant this medication. The Retrospective request for 60 capsules of omeprazole 20 mg with 2 refills (DOS 8/13/2014) is not medically necessary and appropriate.