

<b>Case Number:</b>	CM14-0088466		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/26/2011
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Texas and Ohio. 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 35-year-old male who reported an injury on 08/26/2011. The mechanism of injury was not provided. On 05/01/2014, the injured worker presented with a pain level of 7 to the neck. Upon examination, the injured worker was alert and oriented with a blood pressure of 138/80 and a pulse of 71. The diagnoses were cervical sprain/strain of the neck, sprain/strain of the shoulder unspecified site, and cervical radiculopathy. The injured worker had a scheduled right shoulder arthrogram for the date of service 05/01/2014. A current medication list was not provided. The provider recommended omeprazole 20 mg; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg 1 tab BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

**Decision rationale:** The request for Omeprazole 20mg 1 tab BID #60 is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. There is a lack of documentation that the injured worker has a diagnosis congruent with the Guideline recommendation for omeprazole. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. As such, medical necessity has not been established.