

<b>Case Number:</b>	CM14-0091027		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/01/2009
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 52 year old female with an injury date on 08/01/2009. Based on the 05/02/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervical Degenerative Disc Disease 2. Cervical Radiculitis 3. Cervical /Neck pain 4. Lumbar sprain/strain 5. HTN (Hypertension), DMIL, hyperlipidemia - non industrial According to this report, the patient presents with neck pain, low back pain and right upper extremity pain. The patient rated the pain as a 7/10. "Stomach OK with Omeprazole" and "no SE of medication." There is no change in the subjective and objective findings in the 04/05/2014 and 03/11/2014 reports. The patient's current medications are Cyclobenzaprine, Omeprazole and Lidopro ointment. There were no other significant findings noted on this report. The utilization review denied the request on 05/14/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/15/2013 to 05/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole capsules 20mg #30:** Upheld

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

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

**Decision rationale:** According to the 05/02/2014 report by [REDACTED] this patient presents with neck pain, low back pain and right upper extremity pain. The treater is requesting Omeprazole 20mg #30. The MTUS Guidelines state omeprazole is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent Non-Steroid Anti-Inflammatory Drugs (NSAIDs). MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA (Acetylsalicylic Acid), history of PUD (Peptic Ulcer Disease), gastritis, etc. In this case, there is no GI assessment provided. Review of the report does not show that the patient has gastrointestinal side effects with medication use and the patient is actually not on any NSAIDs per listed medications. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI (Proton Pump Inhibitor). Therefore, the request of Omeprazole capsules 20mg #30 is not medically necessary and appropriate.