

<b>Case Number:</b>	CM14-0218340		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	02/14/2003
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 56 year old female who sustained a work related injury while working as a payroll manager on February 14, 2003. The injury occurred when she struck her neck, low back and head while trying to rise from her knees from under a desk. The desk was noted to have semi-collapsed on the injured worker causing injuries to her head, neck and left shoulder. Current documentation dated November 24, 2014 notes that the injured worker reported low back pain, left elbow pain and left knee pain. The injured workers pain level was noted to be increased from the prior visit. The injured worker also sustained a recent fall in which she hit her left elbow on a table. Physical examination of the cervical spine revealed restricted range of motion. On examination of the paravertebral muscles a tight muscle band was noted on the left side and over the sacroiliac spine. Lumbar spine examination showed limited range of motion and tenderness over the paravertebral muscles bilaterally. Straight leg raise was negative. Left shoulder examination revealed restricted movements due to pain. Tenderness was noted in the acromioclavicular joint and genohumeral joint. Elbow examination revealed tenderness to palpation over the lateral epicondyle. The injured worker was noted to have a left knee brace in place. Diagnoses include right sacroiliac pain, shoulder pain, muscle spasm, radiculopathy, lumbar degenerative disc disease and low back pain. The treating physician requested Omeprazole 20 mg, # 60/ 30 day supply. Utilization Review evaluated and denied the request on December 10, 2014. Based on the CA MTUS Chronic Pain Medical Treatment Guidelines the medical necessity of the request was not established.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole CAP 20mg qty 60/30 day supply:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." In the case of this injured worker, there is no documentation of any of the risk factors above including age, history of multiple NSAID use, history of gastrointestinal ulcer or bleeding, or use of concomitant anticoagulants or corticosteroids. Given this, this request is not medically necessary.