

<b>Case Number:</b>	CM15-0010744		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	11/08/2005
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 58 year old female, who sustained an industrial injury on 11/8/05. She has reported neck pain. The diagnoses have included C4-5 instability, status post C5-7 fusion, right arm radiculopathy, status post removal of hardware from C5-7 and C4-5 anterior cervical discectomy and fusion and moderate to severe atlantal/dental/occipital joint space narrowing with osteophyte. Treatment to date has included C4-5 ACDF with partial interbody ankyloses and medications. X-rays and (CT) computerized tomography scan of the cervical spine were performed. Currently, the injured worker complains of neck pain with some improvement with medications. No tenderness was noted over the cervical spine area on palpation. On 12/31/14 Utilization Review submitted a modified certification for Omeprazole 20mg #30, noting the injured worker uses it for occasional stomach upset. The ODG was cited. On 1/20/15, the injured worker submitted an application for IMR for review of Omeprazole 20mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective use of Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Mosby's Drug Consult

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Omeprazole: Druge Information. Topic 9718, version 151.0. UpToDate, accessed 03/15/2015.

**Decision rationale:** Omeprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation concluded the worker was experiencing occasional stomach upset related to medication. There was no documented assessment of this issue, and the worker had been taking this medication for at least several months. There also was no discussion suggesting any of the above conditions or special circumstances that would sufficiently support this request. In the absence of such evidence, the current request for sixty tablets of omeprazole 20mg is not medically necessary.