

<b>Case Number:</b>	CM15-0119196		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	02/22/2012
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 54 year old male, who sustained an industrial injury on February 22, 2012 while working as a laborer. The injured worker was carrying a plywood panel and inadvertently stepped on a piece of wood, twisting his right ankle and sustaining a fall. The plywood struck the injured workers back and right side of his head. The injured worker had a gradual onset of pain in the right side of his neck and right shoulder. The documentation notes that the injured worker underwent right ankle and foot tendon surgery, after which his symptoms worsened. The diagnoses have included right lower extremity complex regional pain syndrome, joint pain in the ankle and foot, rotator cuff syndrome, chronic pain syndrome, right shoulder adhesive capsulitis, diffuse regional myofascial pain, sleep disorder, anxiety and depression. Treatment to date has included medications, radiological studies, MRI, functional restoration program, psychiatric evaluation, electrodiagnostic studies, physical therapy, acupuncture treatments, cortisone injections, cervical epidural steroid injections, pain management counseling, complex regional pain syndrome support group, cognitive behavior therapy, sympathetic block and a right ankle surgery. Current documentation dated May 15, 2015 notes that the injured worker was attending a functional restoration program. The objective findings included good motivation and a limited ability to participate in an individualized treatment plan, including daily exercises and functional activities. Work status was not noted. The treating physician's plan of care included a request for Omeprazole 20 mg delayed release # 30 with 5 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg capsule delayed release #30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

**Decision rationale:** According to the CA MTUS, proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.