

<b>Case Number:</b>	CM15-0125068		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	09/11/2001
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62 year old female sustained an industrial injury on 9/11/01. She subsequently reported neck and back pain. Diagnoses include myofascial pain syndrome, cervical radiculopathy and shoulder pain. Treatments to date include prescription pain medications. The injured worker continues to experience right side neck, shoulder and upper extremity pain. Upon examination, there was joint pain, back pain and muscle aches noted. The neurological examination reveals tingling, numbness and weakness. Constipation was noted. The injured worker states that her stomach is better now that she is on a gastrointestinal prophylactic medication. A request for Omeprazole medication was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg Qty 90 with 2 refills:** 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 NSAIDs Page(s): 68-69.

**Decision rationale:** The patient presents with pain affecting the neck, right shoulder, and right upper extremity. The current request is for Omeprazole 20mg QTY 90 with 2 refills. The treating physician report dated 6/4/15 (32) states, "Is the patient experiencing any side effects from current pain reliever(s)? No? The MTUS guidelines state Omeprazole is recommended with precautions, (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)." Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. In this case, there was no documentation provided of any current NSAID use or indication that the patient was at risk for gastrointestinal events nor was there any documentation of dyspepsia. Furthermore, the report dated 6/4/15 notes that the patient is not experiencing any side effects from current pain relievers. The current request does not satisfy MTUS guidelines as outlined on pages 68-69. The current request is not medically necessary.