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| <b>Case Number:</b>   | CM15-0126239 |                              |            |
| <b>Date Assigned:</b> | 07/10/2015   | <b>Date of Injury:</b>       | 11/27/2004 |
| <b>Decision Date:</b> | 09/10/2015   | <b>UR Denial Date:</b>       | 06/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/30/2015 |

### 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: Pediatrics, Internal 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 60 year old female injured worker suffered an industrial injury on 11/27/2004. The diagnoses included shoulder, cervical spine, thoracic, lumbosacral strain/sprain and left upper extremity neuralgia/paresthesia. The injured worker had been treated with medications. On 5/15/2015 the treating provider reported the Omeprazole for gastritis. On exam there was no objective evidence or diagnosis of gastritis. It was unclear if the injured worker had returned to work. The treatment plan included Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (web: updated 04/30/2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI (proton pump inhibitors) for NSAID (non-steroidal anti-inflammatory drugs) use Page(s): 68-71.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines recommend with precautions the use of Proton Pump Inhibitor medications (PPI) for treatment of gastrointestinal symptoms related to the use of non-steroidal anti-inflammatory drug (NSAID). The documentation provided included the medications was prescribed for gastritis. This was not listed in the diagnoses list. There was no evidence on exam of any gastrointestinal symptoms. There was also no evidence of any recent non-steroidal anti-inflammatory drugs (NSAID) administration. Therefore, Omeprazole was not medically necessary.