

<b>Case Number:</b>	CM15-0172905		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	10/28/2002
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 44 year old female injured worker with a date of injury on 10-28-2002. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain-strain, shoulder tendinitis, shoulder impingement and non-steroidal anti-inflammatory drug induced gastritis. Comorbid conditions include obesity (BMI 30.45). Treatment has included magnetic resonance imaging (MRI), physical therapy, home exercise program, chiropractic therapy, acupuncture, TENS, shoulder injections, cervical epidural steroid injections and medications. Medical records (6-3-2015 to 7-23-2015) indicate ongoing neck pain radiating down the right shoulder not relieved with medications. She reported that pain was causing difficulty with sleep and for the last three months she has complained of gastrointestinal symptoms specifics of symptoms not documented in the primary provider's progress report (PR-2). Current medications (7-23-2015) included Percocet, Indocin, Trazodone and Omeprazole. The physical exam (6-3-2015 to 7-23-2015) revealed tenderness to palpation over the cervical spine and spasms. The original Utilization Review (UR) (7-31-2015) modified a request for Omeprazole 20mg dispensed 7-23-2015 quantity 60 to quantity 30 and approved requests for Percocet, Trazodone and Indocin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Omeprazole (Prilosec) is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use daily (20 mg per day) to treat or prevent dyspepsia or peptic ulcer disease secondary to long-term use of non-steroidal anti-inflammatory medications (NSAIDs) in patients that are symptomatic or at intermediate risk of developing gastric problems from the NSAIDs. Since this patient is on chronic NSAID medication and has dyspepsia, it follows that use of omeprazole in this patient is appropriate. However, the provider has prescribed twice the recommended dose without documenting a reason for requesting the higher dosage. Medical necessity for high dose omeprazole has not been demonstrated. The request is not medically necessary.