

<b>Case Number:</b>	CM15-0173582		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	02/25/2008
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 54 year old male with a date of injury on 2-25-08. A review of the medical records indicates that the injured worker is undergoing treatment for low back, right knee and right elbow pain. Progress report dated 7-7-15 reports continued complaints of back pain and headaches. The pain is described as constant, sharp, stabbing and shooting, rated 9 out of 10 at its worst and 8 out of 10 at its best. According to the medical records he has been taking omeprazole since at least 2-18-15. Medications include: Omeprazole, flector patch, Percocet, and Lyrica. Request for authorization dated 7-10-15 was made for omeprazole 20 mg quantity 60. Utilization review dated 8-3-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Proton pump inhibitors (PPIs).

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

**Decision rationale:** CA MTUS Guidelines state that proton pump inhibitors (PPI) are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk of GI side effects/events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for GI events with NSAID use, or other indication for the PPI. In addition, the patient has not been prescribed an NSAID. Therefore the request for Omeprazole is not medically necessary or appropriate.