

<b>Case Number:</b>	CM15-0026284		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: Georgia, California, Texas

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 43 year old man sustained an industrial injury on 8/9/2013 after falling from a flatbed while loading a truck. Current diagnoses include late effect of fall, lumbar spine sprain/strain, cervical spine sprain/strain, thoracic spine sprain/strain, and headache. Treatment has included oral medications, acupuncture, and trigger point injections. Physician notes on a PR-2 dated 2/1/2015 show unchanged neck and back pain radiating down the left arm and leg. Recommendations include spine specialist referral, acupuncture, Topiramate, Omeprazole, and Naproxen. On 2/9/2015, Utilization Review evaluated a prescription for Omeprazole 20 mg #60, thatr was submitted on 2/11/2015. The UR physician noted the medical records did not provide sufficient information to explain why the worker is at risk for gastrointestinal events. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### 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 Treatment Guidelines Page(s): 18, 22, 32, 68, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69 of 127.

**Decision rationale:** MTUS recommends use of proton pump inhibitors (PPIs) as gastroprotective agents for patients who are at risk for gastrointestinal adverse events with oral NSAIDs, or who experience dyspepsia with oral NSAIDs. Although chronic use of oral NSAIDs is documented, no specific risk factors for GI adverse events or history of GI complaints is documented. Medical necessity is not established for the requested omeprazole per MTUS criteria.