

<b>Case Number:</b>	CM15-0077404		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	12/15/2012
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 63 year old female who sustained an industrial injury on 12/15/2002. Her diagnoses, and/or impressions, included: left shoulder impingement syndrome with "AC" joint arthrosis and possible rotator cuff tear; bilateral carpal tunnel syndrome; left elbow lateral epicondylitis; and status-post left distal radial fracture with malunion. No current magnetic resonance imaging studies are noted. Her most recent treatments are noted to include a home exercise program; modified work duties; and medication management. Progress notes of 9/29/2014 reported she had not need for a refill of Omeprazole because her abdominal complaints had subsided. The progress notes of 11/10/2014 state she has occasional abdominal discomfort from Motrin, and that she had enough Omeprazole. The progress notes of 3/26/2015 report bilateral wrist pain with increased radicular symptoms, and that both Motrin and Omeprazole were refilled. The physician's requests for treatments were noted to include Omeprazole for treatment of heartburn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription of Omeprazole:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, it does not matter that the patient has dyspepsia related to a safe use. Unfortunately, the current request does not include a dosage, frequency, or duration of use. Guidelines do not support the open ended application of any treatment modality for medication. The long-term use of omeprazole without follow-up has been documented to result in osteopenia. Therefore, the currently requested "Unknown prescription of Omeprazole" is not medically necessary.