

<b>Case Number:</b>	CM13-0043341		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/31/1995
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 53 year old female with an injury date of 03/31/95. Based on 09/09/13 progress report, the patient complains of neck pain with right extremity cramping and pain extending to her hand, rated at 4-5/10, along with constant headaches on a daily basis. The patient has difficulty using her arm. Physical examination of the cervical spine reveals tenderness to palpation along with spasms into the trapezius region. The range of motion is limited in the cervical spine along with diminished sensation of C5, C6, C7 and C8 dermatomes on the right side. Activities of daily living such as dressing, grooming and housework increase the pain to 7-10/10, as per progress report dated 07/25/13. Physical examination, as per the same report, indicates positive Spurling's maneuver and foraminal compression bilaterally. The patient has been getting some chiropractic care, as per progress report dated 09/09/13. Her medications, as per the same progress report, include Ketoprofen, Prilosec, and Medrox patches. She is also benefiting from home exercise regimen. The patient also received 24 sessions of acupuncture treatment and ESI, as per progress report dated 07/18/13. The patient's status has been determined as permanent and stationary, as per progress report dated 09/09/13. Electrodiagnostic studies, 05/01/13, as per progress report dated 05/07/13: Mild residual slowing of the median nerve at the right carpal tunnel and some slowing of the median nerve at the left carpal tunnel. Diagnoses, 09/09/13: Degenerative disc disease of the cervical spine; Cervical radiculopathy; Bilateral wrist arthralgia; Mid back and low back pain. The treating physician is requesting for # 30 OMEPRAZOLE 20 mg. The utilization review determination being challenged is dated 09/24/13. The rationale was that "the documentation provides no evidence that this patient has gastritis for gastrointestinal upset to support the use of a proton pump inhibitor." Treatment reports were provided from 03/21/13 - 11/18/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**#30 Omeprazole 20mg:** 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 NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** The patient presents with pain in the neck and right extremity cramping extending to her hand along with constant headaches on a daily basis, as per progress report dated 09/09/13. The request is for #30 Omeprazole 20mg. The pain is rated at 4-5/10, as per progress report dated 09/09/13. MTUS page 69 states: "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, a prescription for Prilosec (omeprazole) and Ketoprofen was first noted in progress report dated 03/21/13. The patient has been taking the medication consistently since then. However, the treating physician does not discuss the need for Omeprazole. The patient is less than 65 years of age, and there is no documented history of gastrointestinal issues in the progress reports. The treating physician does not mention concurrent use of ASA, corticosteroids, and/or an anticoagulant as well. Given the lack of adequate documentation in terms of GI risk assessment, this request is not medically necessary.