

<b>Case Number:</b>	CM14-0023558		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/23/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 and Rehabilitation 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 underlying date of injury in this case is 05/23/2012. The patient's diagnosis is a right wrist sprain. On 06/13/2014, a PR-2 report noted the patient's treatment included tramadol, omeprazole, Flurbiprofen/tramadol, and a stool softener. Similarly, on 01/22/2014, the patient was seen in follow-up and had ongoing pain which was treated with Tramadol and Omeprazole and a topical analgesic cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20 MG TWICE A DAY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications and gastrointestinal symptoms, states that the clinical should determine if the patient is at risk for gastrointestinal events. The medical records do not document such risk factors for gastrointestinal events. A

rationale or indication for this treatment is not apparent in the medical records and guidelines.  
This request is not medically necessary.