

<b>Case Number:</b>	CM13-0013832		
<b>Date Assigned:</b>	10/01/2013	<b>Date of Injury:</b>	03/09/2010
<b>Decision Date:</b>	01/10/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in and is licensed to practice in California, Ohio, and Pennsylvania. 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 physician 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.

### 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 03/09/2010. The reference diagnosis is a lumbar sprain. The patient's date of birth is 06/03/1964. An initial physician review notes that this patient has dates of injury of both 02/15/2008 and 03/09/2010 and that he was injured when attempting to prevent a large poster fixture from falling to the floor on 02/15/2008, and then he sustained an injury to the right side of his low back while stacking boxes if furniture. That initial review notes that the patient had a history of acid reflux symptoms, stable on omeprazole. That review notes that any evidence of gastrointestinal bleeding or ulcer was not specified and that the records state the patient was not taking an anti-inflammatory medication currently. Therefore, that reviewer concluded that the medical necessity of omeprazole was not established. Review of the medical records indicates that the patient underwent an internal medicine consultation follow-up on 04/30/2013. At that time the patient was noted to have controlled gastrointestinal reflux disease due to nonsteroidal anti-inflammatory medications. That note states, "The patient continues to necessitate the use of omeprazole almost on a daily basis for acid reflux symptoms." As of 06/18/2013, an internal medicine follow-up specifically noted, "The patient will continue with GERD diet and avoid all NSAIDs. The patient will continue his omeprazole once daily for proton pump inhibitor therapy."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications and Gastrointestinal Symptoms Page(s): 68.

**Decision rationale:** A prior physician review states that there is no specific evidence of bleeding or peptic ulcer, and therefore this medication is not supported. The context of the guideline clearly is to determine if the patient is at risk for gastrointestinal events and was not meant to be rigidly limiting. In other words, the documentation in this case of an internal medicine physician who on multiple occasions has noted the patient continues with symptoms of gastroesophageal reflux improved with diet and omeprazole and would continue to require this medication if clearly sufficient to meet the criteria that the patient is at risk for gastrointestinal events. Again, there is very specific documentation on multiple dates regarding the reason this medication continues to be used. The guidelines have specifically been met. This treatment is medically necessary.