

<b>Case Number:</b>	CM13-0023471		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 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 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:

69 y.o. patient with injury from 4/3/12, suffers from chronic mid/low back pain with radiation down the legs. Review of 9/18/13 report by [REDACTED] has diagnoses of Lumbar strain with bilateral lower extremity radiculitis and facet pain. The patient completed 15 sessions of PT without lasting improvement and the treater was requesting MRI of L-spine. Medications include Diclofenac, Norco and Tramadol ER. There is no discussion for Omeprazole. 8/21/13 report shows that PT was not authorized yet, continues have pain. Urinalysis was performed. There is a treatment request form dated 7/17/13, and lists Omeprazole among others. It appears that [REDACTED] first evaluated the patient on 7/17/13 recommending PT and medications. Omeprazole #100 was requested. [REDACTED] 10/9/13 report states that PT helped but pain returned to prior level. Recommending additional therapy, MRI pending. No discussion regarding gastric issues. Motrin was being prescribed. There is a typed report from 7/17/13 where [REDACTED] states that Omeprazole is recommended to treat the stomach upset which sometimes occurs when he takes medication to treat his orthopedic problems.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg, #100:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

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

**Decision rationale:** Recommendation is for authorization of the use of Omeprazole. The patient is 69 y.o. and is on high dose of NSAIDs for chronic pain condition. MTUS supports supplementation of NSAIDs with PPI such as Omeprazole.