

<b>Case Number:</b>	CM13-0027955		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	10/06/1994
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 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:

This 47 year-old patient sustained an injury on 10/6/1994 while employed by [REDACTED]. The request under consideration include retrospective request for Omeprazole 20mg, #30, DOS: 8/12/13 and retrospective request for Xodol 5mg, #60 DOS: 8/12/13. The patient is s/p two lumbar surgeries including lumbar fusion in 1995. He continues to treat for chronic low back pain complaints along with anxiety and depression. It is reported the patient has denied use of NSAIDs due to GI issues; has failed anticonvulsant and antidepressant medications; failed physical therapy; has had multiple interventional pain procedures after the surgery without benefit and has been approved for treatment program; however, has been unable to attend due to family issues. The patient had recent cervical epidural steroid injection on 8/16/13 without results reported. Exam showed DTRs within normal limits for the upper and lower extremities; negative Hoffman's; tenderness of paraspinal muscles at L4-S1 and facets bilaterally; normal toe and heel walking; positive Patrick's; with intact sensation throughout. Diagnoses include degenerative lumbar disc disease/ HNP without myelopathy/ spondylosis, anxiety, depression, lumbago, and post lumbar laminectomy syndrome. Requests for retrospective request for Omeprazole 20mg, #30, DOS: 8/12/13 and retrospective request for Xodol 5mg, #60 DOS: 8/12/13 was non-certified on 9/10/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR OMEPRAZOLE 20MG, #30, DOS: 8/12/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk, Page(s): 68-69.

**Decision rationale:** There is no GI Diagnosis identified. Omeprazole medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per California MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers, none of which apply to this patient. Submitted reports have not described or provided any confirmed GI diagnosis of erosive esophagitis or hypersecretion diseases that meets the criteria to indicate medical treatment in a patient not taking NSAIDs. Review of the records show no documentation of any clinical findings to warrant this medication. The retrospective request for Omeprazole 20mg, #30, is not medically necessary and appropriate.

**RETROSPECTIVE REQUEST FOR XODOL 5MG, #60 DOS: 8/12/13: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Per the California MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The California MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The retrospective request for Xodol 5mg, #60 is not medically necessary and appropriate.