

<b>Case Number:</b>	CM13-0030006		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	12/01/2008
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Internal Medicine and is licensed to practice in New York. 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 52 year old male with a date of injury on 12/01/2008. The patient was putting his socks on at home and sustained an alleged low back injury. On 07/10/2013 he had low back pain and neck pain. Cervical and lumbar range of motion was decreased. On 01/08/2014 straight leg raising was positive on the left and negative on the right. He had a normal cervical and lumbar lordosis. Gait was functional. The diagnosis was cervical and lumbar strain/sprain with degenerative disc disease. He was taking Methadone, Norco, Relafen and Zanaflex. Methadone 5 mg BID #60 was prescribed. He was also getting Trazodone and Resperdal from the VA.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60 with two refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014, Pain, Proton Pump Inhibitors.

**Decision rationale:** Omeprazole is a proton pump inhibitor (PPI). MTUS does not mention the use of PPI; however, under pain, PPI the ODG 2014 noted that PPIs should be used at the lowest

dose possible. They do reduce the risk of gastric ulcers in patients taking NSAIDs. The patient takes Relafen, an NSAID. However, there is no documentation that BID Omeprazole is the lowest dose possible. There is no support for the use of BID Omeprazole.