

<b>Case Number:</b>	CM13-0035713		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	05/12/2003
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Neurological Surgery 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 injured worker is a 50-year-old male injured on 5/12/2003. The mechanism of injury was noted as a fall. The most recent progress note, dated 11/16/2012, indicated that there were ongoing complaints of chronic low back pain and leg pain. The physical examination demonstrated lumbar spine muscle spasm, point tenderness to the lumbar paraspinal muscles and reduced range of motion with pain. Bilateral straight leg raise and sciatic stretch were positive. No recent diagnostic studies were available for review. Previous treatment included aquatic therapy, Localized Intense Neurostimulation Therapy (LINT), weight management program, and medications to include Norco, omeprazole and pain relieving creams. A request had been made for hydrocodone/APAP 10/325 mg #60, omeprazole DR 20 mg #100 and was not approved in the pre-authorization process on 10/1/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective 8/14/2013 Omeprazole DR 20mg #100:** 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 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68 of 127.

**Decision rationale:** Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. After review of the medical records of the injured worker, it was noted the injured employee complained of symptoms associated with heartburn and reflux after the work related injury. After review of chronic pain medical treatment guidelines, it was noted that the use of the proton pump inhibitor is indicated as treatment for individuals who are taking nonsteroidal anti-inflammatory medications. The treating physician has discontinued all oral anti-inflammatories and is utilizing transdermal creams. With the current drug regimen and clinical guidelines, the continued need for a proton pump inhibitor is deemed not medically necessary. Additionally, the claimant does not have a significant risk factor for potential GI complications as outlined by the Chronic Pain Medical Treatment Guidelines.