

<b>Case Number:</b>	CM13-0039827		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/09/2010
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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 Family Practice, 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 patient is a 25-year-old male who reported an injury on 07/09/2010. The mechanism of injury was not specifically stated in the medical records. The patient's diagnoses include status post anterior posterior fusion at L5-S1 on 05/09/2012, bilateral lower extremities paresthesias, and gastropathy secondary to NSAIDs. The patient was seen on 05/31/2013 and it was noted that he increased gastric acid production which irritated the mucosal lining of the stomach and was directly related to his NSAID use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20MG #120:** Overturned

**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:** According to California MTUS Guidelines, the use of proton pump inhibitors for patients taking NSAID medications that are at risk of gastrointestinal events is recommended. The patient has been noted to have been taking NSAID medications long-term and has had subsequent increased gastrointestinal acid production which has caused irritation to

the mucosal lining of his stomach. As such, the request for omeprazole is supported by the guidelines. For this reason, the request is certified.