

<b>Case Number:</b>	CM13-0050367		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	09/17/2008
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Illinois. 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 45-year-old female who reported an injury on 09/17/2008 due to an industrial injury at work. The injured worker underwent surgery on 09/27/2012 of L4-5 laminotomy/discectomy. The injured worker's last medical visit was on 01/24/2014. On 01/24/2014, the injured worker complained of chronic low back pain. It was noted the injured worker had finally received her authorizations for her medications. The injured worker states that Norco and Naprelan helps diminish her pain. The injured worker's pain level was noted at 5/10. The physical examination revealed she was able to sit comfortably but uses the arm rest of the chair for support to stand up and sit down. The straight leg test was negative bilaterally but still had low back pain. It was also noted the injured worker had pain bilaterally of the patella and over the left knee with mild tenderness. The injured worker diagnoses included discogenic low back pain and left knee pain secondary to patellofemoral inflammation. The treatment plan included to continue with her medication Norco, Naprelan and receive a refill of Omeprazole 20 mg. The authorization for this request was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REFILL: OMEPRAZOLE 20MG #30 QUANTITY: 30.00:** 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 Proton pump inhibitors Page(s): 68-69.

**Decision rationale:** The request for Omeprazole 20 mg is non-certified. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines Omeprazole 20 mg is recommended for patients at risk for gastrointestinal events. Per the documentation given there is no evidence of the injured worker having gastrointestinal events or has been diagnosed of having gastrointestinal events. There is lack of documentation also of the injured worker being on Omeprazole or the effectiveness of the Omeprazole 20 mg for the injured worker. The request does not include the frequency of the medication. Given the above the request for Omeprazole 20 mg is not medically necessary and appropriate.