

<b>Case Number:</b>	CM14-0000173		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	04/11/2007
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 & 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 43 year-old male sustained an injury on 4/11/07 while employed by [REDACTED]. A report of 11/14/13 from the provider noted the patient had continued low back pain rated at 9/10 with right toe pain and numbness. Current medications list Carisoprodol, Docusate, Hydrocodone, Medrox cream, Methadone, Omeprazole, Sennosides, and Trazadone. Exam showed not active distress, antalgic gait, moderate pain, mild back tension with straight leg raise; Sprint test causes pain into groin and buttock; forced hip resisted twisting causes pain into right foot and knee. A request for Omeprazole was non-certified on 12/20/13 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:

**REFILL OMEPRAZOLE 20 MG TABLET ONE (1) TAB BY MOUTH PER DAY AS NEEDED FOR HEARTBURN FROM PAIN MEDICATION #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Omeprazole is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per the MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole, which is namely reserved for patients with a history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. A review of the records shows no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The request is not medically necessary and appropriate.