

<b>Case Number:</b>	CM14-0003110		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	01/18/2012
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Occupational Medicine, 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 45-year-old female who has submitted a claim for low back and left lower extremity pain, associated with an industrial injury date of January 18, 2012. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated January 8, 2014, showed persistent low back and left lower extremity pain. Physical examination revealed a well appearing female in no apparent distress and ambulating with no assisted device. Straight leg raising test was positive on the left side. Treatment to date has included acupuncture, aquatic therapy, physical therapy, TENS (transcutaneous electrical nerve stimulation), and medications. Utilization review from December 13, 2013 denied the request for the purchase of Axid 150mg bid quantity: 60 refills: 2 and Omeprazole 20mg bid Quantity: 60 because the current guidelines did not recommend its usage for patients without gastrointestinal risk factors.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AXID 160MG SIQ BLD QUANTITY 60 REFILLS 2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PAGES 67-68

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration, H2 blockers

**Decision rationale:** The CA MTUS and ODG do not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Food and Drug Administration was used instead. The FDA states that Nizatidine is an anti-acid indicated in the treatment and prevention of ulcers, the treatment of heartburn and the stomach disorder GERD (gastroesophageal reflux disease), as well as conditions associated with excess acid secretion. Nizatidine belongs to a class of medications known as H2-blockers that inhibit the action of histamine on stomach cells, thus reducing stomach acid production. In this case, patient reported gastrointestinal discomfort secondary to intake of Norco and Voltaren. Patient was started on omeprazole since August 2013. However, there is no discussion concerning need to provide both proton pump inhibitor and H2 blocker in this case. The request for Axid 160mg, sixty count with two refills, is not medically necessary or appropriate.

**OMEPRAZOLE 20MG GIG PO BID QUANTITY; 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PAGE 69

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Gastrointestinal (GI) risk factors include: (1) Age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA (acetylsalicylic acid), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (non-steroidal anti-inflammatory drug). In this case, patient reported gastrointestinal discomfort secondary to intake of Norco and Voltaren. Patient was started on omeprazole since August 2013. However, recent progress notes failed to provide evidence of improvement associated with its use. Moreover, there is no discussion concerning need to provide both proton pump inhibitor and H2 blocker in this case. The request for Omeprazole 20mg, sixty count, is not medically necessary or appropriate.