

<b>Case Number:</b>	CM14-0004479		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	07/21/2012
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 67-year-old male who has submitted a claim for severe lumbar discopathy with radiculitis and progressive neurologic deficit/neurologic claudication, left long and right finger tenovaginitis and left carpal tunnel syndrome associated with an industrial injury date of July 21, 2012. The medical records from 2012-2013 were reviewed. The patient has chronic low back pain radiating to the lower extremities. The pain was characterized as sharp, burning, constant and stabbing grade 4/10. The patient also has neck pain radiating to the left upper extremity. Physical examination showed mild tenderness in the paraspinal muscles and lumbosacral junction. Standing flexion and extension are severely guarded and restricted; there is radicular pain in the lower extremities. Motor and sensory examinations were normal. MRI (magnetic resonance imaging) of the lumbar spine, dated September 10, 2012, showed probable bilateral spondylosis (pars defect) and anterolisthesis at L5-S1, annular tear on L3-L4, facet arthropathy on L4-L5, and nerve root compromise on L3-L4, L4-L5 and L5-S1. The treatment to date has included medications, physical therapy, and activity modification. A utilization review, dated January 3, 2014, denied the request for Omeprazole delayed-release capsules 20mg #120. The reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE DELAYED-RELEASE CAPSULES 20 MG - 1 PO EVERY 12 HOURS  
#120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS,

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

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are supported in the treatment of patients with GI disorders such as gastric/duodenal ulcers, gastroesophageal reflux disease (GERD), erosive esophagitis, or patients utilizing chronic non-steroidal anti-inflammatory drugs (NSAIDs) therapy. In this case, the patient has been on Omeprazole since August 2012. A progress report, dated May 22, 2013, stated that the patient complained of stomach upset with the use of Naproxen. This was concurrent with the use of Omeprazole. However, there was no documentation of improvement of gastrointestinal symptoms with regards to the use of this medication. Recent progress reports did not report gastric symptoms or presence of any gastrointestinal disorders. The current clinical status of the patient is unknown. Therefore, the request is not medically necessary.