

<b>Case Number:</b>	CM14-0007086		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 56-year-old male who has submitted a claim for low back pain, associated with an industrial injury date of August 1, 2012. Medical records from 2012 through 2014 were reviewed. The latest progress report, dated 01/21/2014, showed persistent low back pain. Physical examination revealed lumbar spine range of motion within normal limits. Straight leg raise test was negative bilaterally. Treatment to date has included physical therapy, epidural steroid injection and medication which include Omeprazole 20mg since October 23, 2013. Utilization review from 01/18/2014 denied the request for the purchase of Omeprazole 20mg #100 (Rx 10/23/13) because the medical records did not establish that the patient was at intermediate risk for gastrointestinal events. Furthermore, the medical records did not establish current intake of NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE #100 (RX 10/23/13): 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.

**Decision rationale:** According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Gastrointestinal risk factors include: (1) Age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAIDs. Proton pump inhibitors should be prescribed for patients with intermediate risk factors. In this case, the patient is on Omeprazole 20mg since October 23, 2013 for stomach upset; however, medical records do not reveal any gastrointestinal risk factors as stated above. There is likewise no documented NSAIDs use. Recent progress reports, likewise, failed to document response to PPI. Moreover, the dosage of Omeprazole was not specified. Therefore, the request for purchase of Omeprazole #100 is not medically necessary and appropriate.