

<b>Case Number:</b>	CM14-0011907		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/04/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Washington. 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 28-year-old male who reported an injury on 09/04/2010. Within the clinical note dated 01/03/2014, the injured worker complained of back pain which was unchanged. The injured worker's prescribed medication regimen included Norco 10/325 mg, Lactulose as needed, omeprazole 20 mg, methadone 10 mg, capsaicin cream and Tylenol #3. Within the physical examination of the waist, flexion was noted at 35 degrees, extension at 5 degrees, and lateral bending to the right and left was noted as 50% of normal. Prior treatments were not included within the clinical note. The diagnoses included chronic low back pain status post surgery, insomnia, symptoms of ED, and symptoms of depression. The treatment plan included continuation of the injured worker's prescribed medications, awaiting physiological evaluation report, and return to clinic in 4 weeks. The Request for Authorization for omeprazole 20 mg every day and the provider's rationale for the request were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20MG #30:** 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, NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK,  
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**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that it should be evaluated if an injured worker is at risk for gastrointestinal events. Risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In the clinical notes provided for review, there was a lack of evidence of the injured worker having gastrointestinal issues. It was noted in the clinical documentation that the injured worker has been prescribed omeprazole; however, there was a lack of documentation of the requesting physician evaluating the efficacy of the prescribed omeprazole. Therefore, the request is not medically necessary and appropriate.