

<b>Case Number:</b>	CM14-0112459		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/20/2009
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma 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 64-year-old male who reported an injury on 04/20/2009. The mechanism of injury was not provided. He is diagnosed with lumbar postlaminectomy syndrome. His past treatments were noted to include physical therapy, exercises, epidural steroid injections, topical analgesics, and oral medications. On 07/02/2014, the injured worker presented for reevaluation of his low back and bilateral lower extremity numbness and tingling. He rated his pain at an 8/10 and he reported relief of pain from his anti-inflammatory medication and his pain medication. The documentation also indicated that he was taking omeprazole for his medication-induced GI symptoms, and Colace for his constipation related to his medication use. His medication list included Amlodipine, Colace, Etodolac, Icy Hot patches, Levitra, Lidoderm patches, Lipitor, Mirtazapine, Omeprazole, and Percocet. The treatment plan includes continued home exercises daily, continued sleep hygiene techniques, and medication refills. A request was received for omeprazole capsules 20 mg as use of this medication had helped alleviate his medication induced gastritis. The Request for Authorization form was submitted on 07/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE CAPSULE 20 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OMEPRAZOLE Page(s): PAGE 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** According to the California MTUS Guidelines, use of a proton pump inhibitor may be recommended for patients taking NSAID medications, who are shown to be at increased risk for gastrointestinal events, or for patients with complaints of dyspepsia related to NSAID use. The clinical information submitted for review indicated that the injured worker was taking omeprazole for medication induced gastritis, and that this medication alleviated these symptoms. He was shown to be taking NSAIDs as well as pain medications, and to also have reported control of his adverse effects with omeprazole, as well as Colace for constipation. Therefore, as he is utilizing omeprazole to treat his gastritis related to his medication use, and he is taking NSAID medications, continued use of this medication is supported. However, the request as submitted failed to include a frequency and quantity. Consequently, Omeprazole Capsule 20 Mg is not medically necessary.