

<b>Case Number:</b>	CM14-0129650		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	02/25/2011
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Nevada. 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 records presented for review indicate that this 49 year-old male was reportedly injured on February 25, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 14, 2014, indicates that there are ongoing complaints of persistent low back pain. The physical examination demonstrated an individual in no acute distress. An antalgic gait pattern is reported. A decrease of the cervical and lumbar spine range of motion is reported with sensory losses in the L4, L5 & S1 dermatomes. Motor function is described as 3+/5 on the left. Diagnostic imaging studies objectified were not reported. Previous treatment includes psychiatric care, a lumbar brace, acupuncture, chiropractic care, physical therapy and multiple pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on July 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg capsules #60 refills 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk.

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

**Decision rationale:** This medication is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease and can be considered a gastric protectorate for individuals utilizing non-steroidal medications. However, while noting there are multiple pain complaints there are no complaints relative to gastrointestinal distress. Therefore, with no physical examination findings specific complaints there is no clear clinical indication for the continued use of this medication. As such, the medical necessity is not been established. Therefore the request is not medically necessary.