

<b>Case Number:</b>	CM14-0132923		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 California and 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 58 year old female who reported an injury on 04/04/2011 due to a fall. The injured worker had diagnoses of chronic pain syndrome, and myofascial pain. The past treatment included medications and several lumbar epidural steroid injections. Diagnostic testing included an MRI of the lumbar spine on 05/05/2010, an MRI of the cervical spine on 04/11/2012, an MRI of the lumbar spine on 03/25/2013, and x-rays of the lumbar spine on 03/08/2010 and 04/20/2010. The injured worker underwent C3-4, C4-5 and C5-6 cervical laminoplasty with ODL allograft spacers and ligamentum flavum undercutting from C3-4 and to C6-7 on 06/05/2012. The clinical note dated 07/16/2014 noted the injured worker complained of neck pain, low back pain, and bilateral lower extremity pain. The pain was described as an aching and a stabbing sensation in the primary area of discomfort. The physical examination revealed the injured workers gait and movements were within baseline for their level of function. The injured workers neurologically appeared intact without apparent gross deficiencies that are altered from their baseline level of function. Medications included Omeprazole 20mg, Norco 10-325mg, Topiramate 25mg cap. The treatment plan was not provided. The rationale for the request was not provided. The request for authorization form was submitted on 07/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE DR 20MG CAPSULE SIG 1 QHS QTY 30; MONTHLY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TWC, PAIN PROCEDURE SUMMARY

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

**Decision rationale:** The request for Omeprazole 20mg sig 1QHS #30 is not medically necessary. The injured worker has documentation of NSAID regimen. The California MTUS guidelines recommend the use of a proton pump inhibitor (such as Omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is a lack of documentation indicating that the injured worker has a history of gastrointestinal bleed, perforation, or peptic ulcers. The injured worker is prescribed an NSAID medication; however, there is a lack of documentation indicating the injured worker has significant gastrointestinal symptoms related to the medication. There is a lack of documentation indicating the injured worker has significant improvement with the medication. Therefore the request for Omeprazole DR 20mg capsule sig 1 qhs qty 30 monthly is not medically necessary.