

<b>Case Number:</b>	CM14-0133830		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	04/10/2007
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 was a 53-year-old male with a reported dated injury on 04/10/2007. The injury reportedly occurred when the injured worker reached to pick up a trash lid and heard his back crack at the same time his left leg slipped. Diagnoses were noted to include herniated nucleus pulposus of the lumbar spine with multilevel severe stenosis, facet arthropathy, lumbar radiculopathy, cervical degenerative disc disease, and severe cervical stenosis. His previous treatments were noted to include chiropractic treatment, physical therapy, and medications. The progress note dated 07/11/2014 revealed the injured worker would take Prilosec 20 mg to decrease gastritis. The injured worker indicated medications helped with his pains and normalized his function. The physical examination revealed tenderness to palpation at the cervical lumbar spine with spasms and limited range of motion. There was decreased sensation to the L4-5 dermatomes on the left and decreased sensation to the C6-7 dermatomes on the left. The Request for Authorization form dated 07/11/2014 was for Omeprazole 20 mg capsules for gastritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index 9th edition (web) 2011.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68..

**Decision rationale:** The request for Omeprazole 20mg, #120 is not medically necessary. The injured worker has been utilizing this medication since 2011. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend the physician to determine if the patient is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs). The injured worker has been utilizing this medication since 2011 for NSAID induced gastritis. There is a lack of documentation regarding the injured worker utilizing NSAIDs as well as a lack of clinical findings consistent with gastritis. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.