

<b>Case Number:</b>	CM14-0134584		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	02/06/2009
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 67 year old male who sustained an industrial injury on 02/06/2009. The specific mechanism of injury was not provided for review. His diagnosis is chronic low back pain with radiculopathy. He complains of low back pain with radiation to both legs. On physical exam there is normal range of motion of the lumbar spine with pain, positive straight leg raising on the right and diminished sensation in the L4-L5 nerve root distributions of the bilateral lower extremities. Motor testing was 5/5 bilaterally. EMG demonstrated right L5-S1 radiculopathy and MRI of the LS spine demonstrated left L2, left L3, bilateral L4 and L5 nerve root impingement. Treatment has consisted of medical therapy including Diclofenac, Tramadol, and Omeprazole and epidural steroid injection therapy. The treating provider has requested Omeprazole 20mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms and.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 2009 Page(s): 68.

**Decision rationale:** Per California Medical Treatment Utilization Schedule (MTUS) proton pump inhibitors are recommended for patients taking non-steroidal anti-inflammatory drug (NSAIDs) with documented GI distress symptoms or specific GI risk factors. There is documentation indicating the patient has a GI risk factor( age 67). GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. The claimant is maintained on long term nonsteroidal anti-inflammatory therapy with Diclofenac XR. Based on the available information provided for review, the medical necessity for Prilosec has been established. The requested medication is medically necessary.