

<b>Case Number:</b>	CM14-0137504		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	10/05/1994
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 48-year-old male with a 10/5/94 date of injury, and status post two lumbar surgeries including a lumbar fusion 1995. At the time (8/21/14) of request for authorization for Omeprazole 20mg, #30 with three refills, there is documentation of subjective complaints of low back pain, left lower extremity radicular pain with numbness and tingling. Objective findings tenderness to palpation paraspinals L4-5 and L5-S1 facets bilaterally, left sciatic notch tenderness, abnormal toe and heel walking, positive left Fabere test, and 4+/5 muscle strength in right hip abductors, hamstring, and extensor hallucis longus. The current diagnoses include gastroesophageal reflux disease, post-laminectomy syndrome lumbar region, degenerative lumbar, lumbosacral intervertebral disc displacement, lumbosacral spondylosis without myelopathy, and lumbago. Treatment to date includes medications, including multiple non-steroidal anti-inflammatory drugs (NSAIDs), Spinal cord stimulator trial, epidural steroid injections, and physical therapy. The 7/28/14 medical report identifies that the patient has a long history of medication/opioid induced reflux/gastritis and has been diagnosed with GERD.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg, #30 with three refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological

Basis of Therapeutics, 12th ed., McGraw Hill 2010; Physician's Desk Reference, 68th ed.; [www.RxList.com](http://www.RxList.com); the Official Disability Guidelines Workers Compensation Drug Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm); Drugs.com; Epocrates Online, [www.online.epocrates.com](http://www.online.epocrates.com); Monthly Prescribing Reference, [www.empr.com](http://www.empr.com); Opioid Dose Calculator - AMDD Agency Medical Director's Group Dose Calculator, [www.agencymeddirectors.wa.gov](http://www.agencymeddirectors.wa.gov) (as applicable)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs). Official Disability Guidelines (ODG) identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of omeprazole. Within the medical information available for review, there is documentation of diagnoses of gastroesophageal reflux disease, post-laminectomy syndrome lumbar region, degenerative lumbar, lumbosacral intervertebral disc displacement, lumbosacral spondylosis without myelopathy, and lumbago. In addition, there is documentation of a history of medication/opioid induced reflux/gastritis and GERD. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20mg, #30 with three refills is medically necessary.