

<b>Case Number:</b>	CM14-0150836		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	01/14/2004
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 and is licensed to practice in Illinois. 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 56-year-old male who reported an injury on 01/14/2004 due to an unknown mechanism. Diagnoses were chronic pain, lumbar radiculopathy, depression, medication related dyspepsia, and chronic nausea/vomiting. Physical examination on 07/21/2014 revealed low back pain. It was reported that the pain radiated down the bilateral lower extremities. The pain was rated a 6/10 in intensity with medications. The injured worker reported chronic medication associated gastrointestinal upset. The injured worker reported frequent nausea. The injured worker has an intrathecal pump. Treatment plan was to continue medications as directed. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory) Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** The decision for Omeprazole 20mg #30 is not medically necessary. Clinicians should determine if the patient is at risk for gastrointestinal events which include age

> 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. The efficacy for this medication was not reported. This medication is available over the counter. The request does not indicate a frequency for the medication. In the absence of objective documentation regarding the requested medication, continued use was not justified. Therefore, this request is not medically necessary.