

<b>Case Number:</b>	CM14-0153473		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	12/22/1999
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 22, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 4, 2014, the claims administrator denied a request for Omeprazole. The applicant's attorney subsequently appealed. In a May 13, 2014, progress note, the applicant was given prescriptions for Motrin, Norco, Naprosyn, and Tizanidine for ongoing complaints of low back pain. The applicant was working regular duty, it was stated. The applicant was working for a different employer; however, it was incidentally noted. It was stated that the applicant had previously received a prescription for pantoprazole (Protonix). There was no explicit mention or discussion of issues with reflux, however. The applicant was 38 years old; it was suggested, as the date of this report. On July 8, 2014, the applicant reported persistent complaints of low back pain radiating to the left leg, 5/10. The applicant complained that he is having difficulty obtaining pharmacy refills. The applicant was given prescriptions for Norco, Naprosyn, and Prilosec. It was stated that Omeprazole was being employed for "reflux associated with medications." The request did appear to be a first time request for the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg QTY 30 with 3 Refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Topic. Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the attending provider has suggested that the applicant has developed dyspepsia associated with usage of Naprosyn, an NSAID. Introduction and/or ongoing usage of omeprazole are indicated to combat the same. Therefore, the request for Omeprazole 20 mg QTY 30 with 3 Refills is medically necessary.