

<b>Case Number:</b>	CM14-0155181		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	12/17/2001
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 65-year-old female who reported an injury on 12/17/2001 due to an unknown mechanism. Diagnoses were per the file, the injured worker had a 2 level positive discogram at L3-4 and L4-5, acute exacerbation of chronic low back pain most likely secondary to an increase in disc annular tears, acute exacerbation of chronic low back pain, spinal cord stimulator trial from 07/18/2011 to 07/21/2011, status post biopsychosocial program in 2008, status post spinal cord stimulator on 11/08/2011, and bilateral greater trochanteric bursitis. The physical examination on 09/04/2014 revealed complaints of back pain, low back pain, and lumbar complaints. There were complaints of radicular pain in the left leg, hip and left leg. It was reported that the injured worker was using the spinal cord stimulator with benefit for increased functional capacity, and she has continued to note its benefit. Medications were Pristiq, Norco, atorvastatin, lisinopril, and Omeprazole. The examination revealed the injured worker ambulated with a cane. The injured worker was uncomfortable with walking, sitting, and standing. Muscle strength was decreased. Deep tendon reflexes were normal. At the L5 dermatome and L4 dermatome, there was a decrease in light touch sensation on the left. There was a positive Faber's maneuver bilaterally. The 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 1 po qd:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, proton pump Inhibitor (PPIs)

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

**Decision rationale:** 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 (200g 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 (adjusted odds ratio 1.44). 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. The injured worker did not have a diagnosis of a GI event. The request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.