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| <b>Case Number:</b>   | CM14-0181865 |                              |            |
| <b>Date Assigned:</b> | 11/06/2014   | <b>Date of Injury:</b>       | 05/26/1998 |
| <b>Decision Date:</b> | 12/11/2014   | <b>UR Denial Date:</b>       | 09/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/03/2014 |

### 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 Emergency 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 patient has a reported date of injury on 5/26/1998. The mechanism of injury is described as from a lifting incident. The patient has a diagnosis of lumbar radiculopathy, herniated nucleus pulposus of lumbar spine and facet arthropathy of lumbar spine. Medical reports reviewed. Last report available was dated 8/28/14. The patient complains of low back pain. Pain is 3/10 and radiates down legs. Objective exam reveals tenderness to paraspinous region left side worse than right side. Range of motion of lumbar spine was decreased. Decreased sensation to L5-S1 dermatomes. Strength was normal except for mild weakness to left tibialis anterior and extensor hallucis longus (EHL). MRI of lumbar spine (1/9/13) revealed no change from MRI from 2/11 with L4-5 and L5-S1 with 3mm broad based disc protrusion with mild extension to right neural foramen with mild right sided neural foraminal stenosis. Medications include Diclofenac and Omeprazole. The patient has undergone physical therapy, acupuncture and home exercise program with some temporary relief in pain. The patient has had lumbar epidural steroid injections with last from 6/13/14 with significant pain relief. Independent Medical Review is for follow up in 4 months with orthopedics spine and Omeprazole 20mg #120. Prior UR on 9/29/14 recommended modification of Omeprazole to #60 and non-certify of orthopedic follow up. It approved a prescription for Diclofenac.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up visit in four months with Orthopedic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 92.

**Decision rationale:** As per ACOEM guidelines, referrals may be appropriate if the provider is not able to manage patient's pain and function beyond their capability. The patient has noted improving pain. MRI of lumbar spine shows no change in underlying pathology. There is no plan for surgery or procedures. There is no rationale or justification for follow up. Follow-up consultation with orthopedic spine is not medically necessary.

**Omeprazole 20 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

**Decision rationale:** Omeprazole/Prilosec is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The patient is on an NSAID, the documentation concerning the patient does not meet any high risk criteria to warrant PPIs and there is no documentation provided to support NSAID related dyspepsia. Omeprazole is not medically necessary.