

<b>Case Number:</b>	CM14-0022271		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	06/16/2008
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Orthopedic Surgery, and is licensed to practice in Texas. 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 52-year-old who sustained an injury on June 16, 2008. No specific mechanism of injury was noted. Rather this was a cumulative trauma type injury. The patient had multiple surgical procedures for the lumbar spine including decompression followed by lumbar fusion. The patient was followed for ongoing complaints of chronic low back pain radiating to the lower extremities. The patient was seen by [REDACTED] on December 6, 2013. The patient continued to report ongoing low back pain radiating to the left lower extremity. There was weakness at the left tibialis anterior. There was recommendation for referral to [REDACTED] to evaluate the left foot. The patient was recommended to continue with Norco Zofran and omeprazole at this visit. The patient was seen on January 17, 2014. At this evaluation the patient continued to have complaints of pain in the left lower extremity and lumbar spine. Good strength was noted in the lower extremities on physical examination. It appeared there was recommendation for epidural steroid injections at this visit. Norco omeprazole and Zofran were continued at this visit. The request for omeprazole 20mg #60 and Zolam 4mg #30 were denied by utilization review on January 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20MG, SIXTY COUNT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) Symptoms Page(s): 68-69.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

**Decision rationale:** In regards to the use of Omeprazole 20mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentatin provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. The request for omeprazole 20mg, sixty count, is not medically necessary or appropriate.

**ZOFRAN 4MG, THIRTY COUNT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anti-Emetics.

**Decision rationale:** In regards to Zofran this medication is being utilized off label for this patient. The patient is not currently receiving any chemotherapy or radiative therapy which is producing side effects such as nausea and vomiting. No recent surgical procedures have been completed for this patient. These are the only indications per FDA for the use of Zofran. The request for Zofran 4mg, thirty count, is not medically necessary or appropriate.