

<b>Case Number:</b>	CM14-0022422		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	05/08/2008
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/12/2014
<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 Physical Medicine and Rehabilitation 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 64-year-old female who had a date of injury of 05/08/08. Per the submitted clinical records, she apparently sustained injuries to her left hip and low back as a result of a workplace event. She underwent surgery in 03/11 for left iliac mass resection. She was treated with oral medications, physical therapy, injections, acupuncture, TENS. Her diagnosis included lumbar radiculopathy, low back pain, hip pain, and pain in the joint. There was a reference reflex sympathetic dystrophy (RSD) of the lower limb, which was not in evidence on physical examination or the clinical record. Electromyogram/nerve conduction velocity (EMG/NCV) study identified peripheral neuropathy with no evidence of lumbar radiculopathy. The claimant had chronically been maintained on opiate medications, Lyrica and omeprazole-bicarbonate 20-1, 100 caplets. Urine drug screens dated 09/10/13 and 02/04/14 indicated that the claimant had not been taking any oral medications at the time of the drug screening they came back entirely negative. The record contains a utilization review determination dated 02/12/14 in which a request for omeprazole-bicarbonate 20-1, 100 cap 20-1 1mg was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE-BICARB 20-1, 100 CAP 20-1, 1MG GRAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

**Decision rationale:** The request for omeprazole-bicarbonate 20-1, 100 cap 20-1, 1mg is not supported as medically necessary. The submitted clinical records indicate that the claimant has chronic back pain and lower extremities pain secondary to workplace event she has undergone exhaustive treatment and continues to have significant levels of pain the records reflect that the claimant has previously been prescribed tramadol and Lyrica and has negative urine drug screens for these medications. The record provides no data establishing that the claimant has NSAID induced gastritis for which this medication would be clinically indicated. Noting that it appears that the claimant is not taking her oral medications and there is no objective clinical documentation of gastritis the use of this medication would not be supported as medically necessary.