

<b>Case Number:</b>	CM14-0040284		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	10/05/1994
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Physical Medicine & Rehabilitation 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This patient sustained an injury on 10/5/94. Request under consideration include Omeprazole 20mg, #30. Report of 1/6/14 from the provider noted patient with complaints of chronic severe intractable low back and left lower extremity radicular pain associated with numbness and tingling due to FBSS. The patient is status post 2 back surgeries including lumbar fusion in 1995. MRI of the lumbar spine on 2/19/13 noted unchanged degenerative disc disease (DDD) and degenerative joint disease (DJD) at L4-S1 from previous study. Medications list Norco, Omeprazole, Fluoxetine, and Xanax. Exam showed tenderness to palpation at paraspinals and L4-S1 facets bilaterally; range flex/ext/lateral bending 5/10/10/10 degrees; positive SLR on left and Patrick's bilaterally; normal gait; no paraspinal muscle spasm; normal gait; numbness in left lower extremity S1 and 4+/5 motor strength throughout. Diagnoses include gastroesophageal reflux; postlaminectomy syndrome; lumbosacral degenerative disc/spondylosis without myelopathy/ lumbago; and anxiety depression. Treatment included spinal cord stimulation (SCS) trial and medications of Norco and Omeprazole. The Omeprazole was non-certified on 1/20/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20MG, #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Expert Reviewer's decision rationale: Omeprazole medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers, none of which apply to this patient. Submitted reports have not described or provided any confirmed GI diagnosis of erosive esophagitis or hypersecretion diseases that meets the criteria to indicate medical treatment in a patient not taking NSAIDs. Review of the records show no documentation of any history, symptoms, clinical findings to warrant this medication. Therefore, the request for Omeprazole 20mg #30 is not medically necessary and appropriate.