

<b>Case Number:</b>	CM14-0067033		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 58 year old male injured on 08/09/12 when he tripped and fell striking his right knee and twisted his back and right foot. Current diagnoses include internal derangement of the bilateral knees and lumbar multi-level spondylosis with axial low back pain and probable radiculopathy. The clinical note dated 04/03/14 indicates the injured worker presented complaining of constant lumbar spine pain with radiation to the bilateral feet, right greater than left, with associated weakness, tingling, and numbness. The documentation indicated the injured worker also reported right knee, ankle, and foot pain rated at 8/10. The injured worker reported pain increased with walking, standing, and sitting decreased with prescription use. Physical examination of the lumbar spine revealed tenderness to palpation, paraspinal spasm, positive Minor's, positive Kemp's sign, positive decreased range of motion with forward flexion and extension, positive bilateral straight leg raise, and positive sciatic notch tender to palpation. Prescriptions for Cyclobenzaprine, Naproxen, Omeprazole, Tramadol, and Lidoderm patches provided. The treatment plan included physical therapy, referral to orthopedic surgeon and neurosurgical specialist, urine drug test, FCE, and shockwave therapy. The initial request for Omeprazole 20mg #30 was initially non-certified on 04/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg. #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory 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:** As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Omeprazole 20 mg. #30 cannot be established as medically necessary.