

<b>Case Number:</b>	CM14-0070288		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/22/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 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 is a 30 year old female with date of injury 12/22/13. The patient was pulling a cord that was stuck under the door when she felt a pop in her mid-back area. The treating physician report dated 4/21/14 indicates that the patient presents with pain affecting mid-back and left hip. Her pain level is 3/10 currently, and on the worst day it is 8/10. Current physical examination findings reveal that the patient does have some improvement in her mid-back pain as well as left hip pain. The patient has undergone physical therapy, medications and acupuncture. A lumbar MRI indicated the presence of a transitional lumbosacral segment either L5-6 or S1-2. There is L4-5 left foraminal stenosis. There is evidence of facet arthropathy left L5-S1 and left L4-5. The patient has had x-rays of the lumbar and thoracic spine. The patient currently is not working. The current diagnoses are: 1.Thoracic multilevel disc disease, worse at T8-9 and T9-10. 2.Thoracic T8 small bony lesion 3.End plate changes of T8-9 consistent with degenerative disc disease vs. hemangioma, small at T8 4.Sacroiliitis left SI joint 5.Foraminal stenosis left L4-5 6.Facet syndrome left L4-5, L5-S1 and mid-thoracic 7.Transitional lumbosacral segment

The utilization review report dated 4/29/14 denied the request for omeprazole 20 mg #20, 2 refills based on the rationale of no history being provided of patient having symptoms of any GI problems or events.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg #20, 2 refills:** Upheld

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

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

**Decision rationale:** This is a 30 year old female who presents with mid-back and left hip pain. The current request is for Omeprazole 20 mg #20, 2 refills. MTUS Guidelines support the use of a proton pump inhibitor such as Omeprazole when the patient is at risk of GI events. There is no documentation in the medical records provided of any complaints of GI symptoms or of any problems in that regard. The request is not medically necessary.