

<b>Case Number:</b>	CM14-0072309		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/12/2008
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Preventive Medicine 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:

According to the records made available for review, this is a 49-year-old male with a 2/12/08 date of injury and status post lumbar fusion 1/22/13. At the time (4/16/14) of request for authorization for Omeprazole DR 20mg #30, there is documentation of subjective neck pain, lower backache, feels that arms lock up, right wrist/hand pain and objective loss of normal cervical and lumbar lordosis, restricted cervical and lumbar range of motion with pain, tenderness noted at paracervical muscle. The Spurling's Maneuver causes pain in muscles of neck but no radicular symptoms. On palpation of paravertebral muscles there seems to be tenderness, tight muscle band noted on both sides. The lumbar facet loading is positive on left side and with straight leg raising; positive on left side at 75 degrees. The current diagnoses are: cervical pain, low back pain, lumbar radiculopathy and treatment to date includes: medications (Flector Patch, Omeprazole, Orphenadrine and Lidocaine Patch), surgery, physical therapy and home exercise program. There is no documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 111-113, 56-57, 63-65, 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of omeprazole. Within the medical information available for review, there is documentation of diagnoses of cervical pain, low back pain, and lumbar radiculopathy. However, there is no documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole DR 20mg #30 is not medically necessary.