

<b>Case Number:</b>	CM14-0079169		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 and Ohio. 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 32-year-old male who reported an injury on 07/29/2013. The mechanism of injury was not provided. On 02/05/2014, the injured worker presented with low back pain with sensation of numbness worse in the left buttock. Current medications included Naprosyn sodium, Tylenol, omeprazole, and Vicodin. Upon examination, the injured worker was in no distress but movements were slow and the range of motion was decreased. The diagnoses were chronic low back pain. The provider recommended omeprazole; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Critical Pathway Cardiol 2007 Dec;6(4):169-72; Gastroenterology 2012 Apr;142(4):e20.

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

**Decision rationale:** The request for omeprazole is not medically necessary. According to the California MTUS Guidelines, omeprazole may be recommended for injured workers with dyspepsia secondary to NSAID therapy for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. There is a lack of evidence in the medical documents provided that the injured worker was at moderate to high risk for gastrointestinal events. Additionally, the provider's request did not indicate the dose, quantity, or frequency of the medication in the request as submitted. As such, the request is not medically necessary.