

<b>Case Number:</b>	CM14-0089979		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 50-year-old male who had work a related injuries on 09/06/12. Mechanism of injury was not described. Most recent clinical documentation submitted for review was dated 07/10/14 the patient presented with chronic low back pain. He continued with home exercise program and learned coping skills. He also stated he learned his boundary with aggravating his pain. He stated that he learned to avoid the activities that aggravate his pain. He stated that with medication he had 50% pain reduction and was able to perform activities of daily living. He stated he was able to help out with dishes and sweeping and cleaning. He also reported that the Diclofenac cream had been essentially helpful per with his low back pain. It allowed him to utilize less Norco and was only utilizing two per day. He had not been able to return to work full duty yet. He was not working at this time. The patient reported GI disorders (gastric ulcer). Physical examination well developed, well groomed, well nourished, and in no acute distress. No evidence of sedation. His mood and affect were appropriate. He was alert and oriented times three. There were no signs of sedation. His gait was grossly normal and non-antalgic. He ambulated into the room without any assistance. Current medication was Hydrocodone 10/325, Diclofenac sodium cream, Norflex, Protonix and Zolof. Prior utilization review on 05/14/14 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20mg #30 with 3 Refills: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - online version Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Proton pump inhibitors (PPIs).

**Decision rationale:** There is clinical documentation that the injured worker suffers from GI disorders (gastric ulcer), therefore needing the Omeprazole. Medical necessity has been established. The request for Omeprazole DR 20mg #30 with 3 refills is medically necessary.