

<b>Case Number:</b>	CM13-0015158		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	10/31/1995
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, Texas  
 Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63 year old male suffered an industrial injury on 10/31/95, with subsequent ongoing left shoulder, bilateral knee, low back and neck pain. Treatment included medications, lumbar nerve blocks, lumbar facet blocks, lumbar epidural injections, shoulder injections, cervical spine fusion from C2-C7, lumbar fusion L2-3, bilateral knee replacements and left shoulder arthroscopy revision. Work status was temporary total disability. In a PR-2 dated 7/22/13, the injured worker complained of severe low back pain with radiation to the legs that interfered with activities of daily living. The injured worker had tried NSAIDS for greater than three months with no relief. Current diagnoses included lumbar spondylosis without myelopathy, lumbar degenerative disc disease and lumbar radiculitis. Physical exam was remarkable for decreased range of motion to the lumbar spine with tenderness to palpation and spasms. The treatment plan included refilling current medications including Soma 350 mg, Gabapentin 300mg three times a day, Tramadol 50mg twice a day and Omeprazole 20mg daily. On 7/30/13, Utilization Review noncertified a request for 23 Omeprazole 20mg citing CA Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20 MG #23:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 68-69.

**Decision rationale:** There is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that he has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, omeprazole is not medically necessary.