

<b>Case Number:</b>	CM14-0110073		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/14/2008
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Emergency 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:

This male worker was injured while he was involved in an exercise program for work. He tripped and landed on his side, injuring his lower back. The date of injury was February 14, 2008. In physician's progress report dated June 11, 2014, diagnoses include hypertension on medications, hypothyroidism, gastroesophageal reflux disease and pulmonary embolism. Physical examination revealed a blood pressure of 130/88. He did not have any bleeding or bruising. On November 28, 2012, the injured worker was reported taking Coumadin and Altace medications. Physical examination revealed a blood pressure of 103/69. Notes stated that the injured worker had an increase in gastric irritation due to his intake of Coumadin. On July 10, 2013, the injured worker was taking Coumadin, Altace and Zocor medication. Physical examination revealed a blood pressure of 110/70. A request was made for Omeprazole 20mg #90 and Protonix 20mg #90. On June 20, 2014, utilization review denied the Omeprazole 20mg #90, noting that this PPI was ineffective and the injured worker is also being prescribed Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg #90 Date of Service (DOS): 05/02/12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Worker's Compensation, Pain Procedure Summary last updated 05/15/2014

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

**Decision rationale:** The requested Omeprazole 20 mg #90 Date of Service (DOS): 05/02/12, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The treating physician has documented the ineffectiveness of Omeprazole and is also currently prescribing Protonix. The treating physician has not documented the medical necessity for this PPI in light of reported ineffectiveness. The criteria noted above not having been met, Omeprazole 20 mg #90 Date of Service (DOS): 05/02/12: is not medically necessary.