

<b>Case Number:</b>	CM14-0127549		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	03/17/2012
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Internal 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:

The patient is a 40 year old male who sustained a work related injury on March 17, 2012 when he fell into an open manhole injuring his lower back, right knee and right ankle. He underwent arthroscopic debridement of the right ankle on September 20, 2012 according to medical documentation. He continues to experience lower thoracic and upper lumbar back pain, chronic right ankle pain and weakness, intermittent knee pain and depression. Current medications listed are Norco, Ibuprofen, Prozac and Ambien. Current treatments include ace wrap/brace for right ankle along with RICE therapy. According to the progress reports from July 9, 2014, the injured worker reported while ambulating around the house without his brace his ankle rolled outward. On physical examination the right ankle showed no edema and full range of motion bilaterally. Crepitus was felt on the right. The injured worker has not worked since the injury. The treating physician has requested Omeprazole DR 20 mg #30. On July 21, 2014 the Utilization Review denied authorization for Omeprazole DR 20 mg #30. Citation used in the decision process was the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines.

### 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): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAID and GI Effects.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole DR 20 mg #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking non-steroidal anti-inflammatory drugs who are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker is 40 years old with a date of injury March 17, 2012. The injured worker's working diagnoses are chronic low back pain; intermittent right knee pain; chronic right ankle pain, status post arthroscopic debridement; recent ankle trauma, due to weakness; depression; hypogonadism secondary to opiate use. There are no comorbidity problems or past medical history indicative of peptic ulcer, G.I. bleeding, concurrent use of aspirin or steroids, etc. Consequently, absent the appropriate clinical indications or clinical rationale to support the ongoing use of omeprazole DR 20 mg, omeprazole DR 20 mg #30 is not medically necessary.