

<b>Case Number:</b>	CM14-0189603		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	08/26/2001
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Occupational 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:

Injured worker is a 49 year-old female with date of injury 08/26/2001. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/10/2014, lists subjective complaints as pain in the low back with radicular symptoms down the right leg. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paraspinal musculature bilaterally. Active range of motion was severely limited by pain. Straight leg raising test was positive bilaterally at 70 degrees in the sitting position. Reduced sensation of the L5-S1 dermatomes on the right. Diagnosis: 1. Sprain/strain, lumbar 2. Radiculopathy, lumbar 3. Spinal stenosis, lumbar. The medical records supplied for review document that the injured worker has been taking the following medication for at least as far back as three months. Medication: 1. Omeprazole 20mg SIG: TID (no quantity provided).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the injured worker on a proton pump inhibitor, physicians are asked to evaluate the injured worker and to determine if the injured worker is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the injured worker has any of the risk factors needed to recommend the proton pump inhibitor Omeprazole. The request for Omeprazole 20mg is not medically necessary.