

<b>Case Number:</b>	CM14-0190593		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	02/21/1990
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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:

This individual is a 49 y/o female who developed chronic low back pain subsequent to an injury dated 2/21/90. She has been diagnosed with an associated left leg radiculitis due to L5 and S1 nerve root irritation. Prior MRI studies are consistent with this diagnosis. She is treated with analgesic medications with mild to moderate benefit. Her medications include Norco, Cyclobenzaprine, and Anaprox. She is also treated for type 2 Diabetes and Hypertension. The Anaprox was introduced in May '13, but there appear to be no recorded blood pressure readings before or subsequent to starting the Anaprox. No GI distress symptoms are reported and no GI risk factors are documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-70.

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

**Decision rationale:** MTUS Guidelines do not support the routine prophylactic use of Proton Pump Inhibitors (Omeprazole) unless specific risk factors or symptoms are present. These

qualifying conditions are not documented. In addition, the recommended dose is generally 20mg per day and there is no rationale given for dispensing double the recommended dose. This is not a benign medication, with long-term use associated with increased fractures, lung infections and biological metal deregulation. The Omeprazole 20mg. #60 is not medically necessary.