

<b>Case Number:</b>	CM14-0198139		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	01/23/2008
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional spine 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 62 year old male with the injury date of 01/23/08. Per physician's report 10/22/14, the patient has neck pain and lower back pain. The patient has had acupuncture, physical therapy and lumbar injections. With acupuncture, the patient was able to use less Norco. The patient is taking Norco, Oxycontin, Zanaflex and Oxycodone. The lists of diagnoses are: 1) Lumbar spondylosis 2) Cervical spondylosis 3) Chronic pain syndrome. The treater requested Omeprazole for GI upset. Per 09/24/14 progress report, the patient has flare ups and takes more medications. The patient states "without the medication he would not be able to function, get out of bed." "Last urine drug screen is consistent with the treatment." Per 08/26/14 progress report, the patient is reporting GI upsets from anti-inflammatories. "His urine drug sample did some back negative for opiates. He states that the previous month he had a flare up of his pain and he used more of his pain medication." The utilization review denial letter is dated 12/27/14 and Omeprazole was modified to #30 "to comply with referenced guideline once daily dosage recommendations." Treatment reports were provided from 03/18/14 to 10/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg QTY: 60.00:** Upheld

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

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

**Decision rationale:** The patient presents with pain in his neck and lower back. The request is for Omeprazole 20 mg #60. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The treater prescribed this medication on 10/22/14 "for GI upset." The treater does not provide GI risk assessment for prophylactic use of PPI as required by MTUS. Review of medical records does not show evidence of gastric problems, and there is no mention of GI issues except the "I gave him an anti-inflammatory and Omeprazole for GI upset." In this case, the treater does not provide any GI assessment to determine whether or not the patient would require prophylactic use of PPI. There are no documentations of any GI problems such as GERD or gastritis to warrant the use of PPI either. The utilization review letter already authorized #30. The request of Omeprazole #60 at this time is not medically necessary.

**Flurbiprofen/Gabapentin/Lidocaine/Ultra (compound):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The patient presents with pain in his neck and lower back. The request is for Compound (Flurbiprofen/Gabapentin/Lidocaine/Ultra). MTUS guidelines page 111 do not support compounded topical products if one of the compounds are not recommended. MTUS guidelines do not recommend Gabapentin as topical cream. Furthermore, the MTUS guidelines page 112 on topical lidocaine do not allow any other formulation of Lidocaine other than in patch form. The request is not medically necessary.