

<b>Case Number:</b>	CM14-0200155		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	02/15/2002
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Montana. 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 injured worker has a date of injury of 2/15/02. The industrial injuries have resulted in chronic low back pain with radiation to the lower extremities, cervical pain and shoulder pain. Current diagnoses include lumbago, cervicgia, and shoulder pain worse on the right. Treatment has included trigger point injections and medications including Norco, piroxicam, omeprazole and sumatriptan. Medical records note that she has been on piroxicam on a long-term basis and has required omeprazole secondary to nausea and burning in the stomach area. The primary treating physician has requested omeprazole 20 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg, #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton pump inhibitors.

**Decision rationale:** Omeprazole is a proton pump inhibitor (PPI) used for treatment of gastrointestinal disorders and for patients utilizing chronic nonsteroidal anti-inflammatory drug

(NSAID) therapy. The MTUS recommends use of a proton pump inhibitor if non-selective NSAIDs are used in patients with intermediate risk for gastrointestinal events and no cardiovascular disease. For patients at high risk of gastrointestinal events use of a proton pump inhibitor is absolutely necessary. The ODG guidelines note that PPIs are recommended for patients at risk for gastrointestinal events and are highly effective in preventing gastric ulcers induced by NSAIDs. Prilosec is a proton pump inhibitor (PPI) indicated for use in gastroesophageal reflux disease, erosive and non-erosive esophagitis, gastric ulcer, duodenal ulcer, hypersecretory conditions, H pylori infection and gastric ulcer prophylaxis associated with nonsteroidal anti-inflammatory drug use. The MTUS states that patients at risk for gastrointestinal events may use proton pump inhibitors. Those at risk include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, and concurrent use of aspirin, corticosteroids and/or anticoagulants or use of high-dose multiple nonsteroidal anti-inflammatory drugs. The ODG guidelines state that, in general, the use of a PPIs should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The medical records show that Prilosec has been used over a number of years at least on an intermittent basis. The treatment note of 8/27/14 notes that nausea and burning in the stomach has recurred secondary to ongoing use of piroxicam without omeprazole. Although the injured worker does not appear to be at high risk for gastrointestinal events, the MTUS does recommend proton pump inhibitors for patients utilizing chronic nonsteroidal anti-inflammatory drug therapy. The treatment notes document efficacy of this treatment as well. For this reason the prior UR decision is reversed and the request for Prilosec 20 mg #60 is medically necessary.