

<b>Case Number:</b>	CM15-0144299		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 is a 48 year old male, who sustained an industrial injury on 1-2-14. He reported low back pain and right leg pain. The injured worker was diagnosed as having rule out lumbar instability and stenosis, significant right leg pain with weakness, lumbar deconditioning and degenerative scoliosis. Treatment to date has included oral medications including Naproxen, Flexeril, Gabapentin and Tramadol; and activity restrictions. Currently on 3-19-15, the injured worker complains of residual back pain and leg symptoms. He notes Naproxen does not help and he also notes no new symptoms or changes. Physical exam performed on 3-19-15 revealed significant guarding in bilateral mid and lower back, no pain on palpation and no paraspinal muscle spasm; lumbar range of motion was significantly restricted. The treatment plan included discontinuation of Naproxen as he felt it didn't help.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ?  
9792.26 Page(s): 68-69.

**Decision rationale:** Omeprazole (Prilosec) is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 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 (e.g., NSAID + low-dose ASA). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.