

<b>Case Number:</b>	CM15-0145146		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	08/15/2007
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 45 year old male, who sustained an industrial injury on 08-15-2007. The injured worker is currently off work and temporarily totally disabled. The injured worker is currently diagnosed as having cervical discopathy, cervical radiculopathy, lumbar discopathy with disc displacement, lumbar radiculopathy, and sacroiliac arthropathy. Treatment and diagnostics to date has included cervical spine surgery, cervical spine MRI dated 05-01-2013 which showed degenerative and postsurgical changes, mild right neural foraminal narrowing at the C5-C6 level, and disc desiccation per progress note dated 10-18-2013, and use of medications. In a progress note dated 06-29-2015, the injured worker reported persistent pain in the right sacroiliac joint with numbness and tingling and minimal cervical spine pain. Objective findings included minimal tenderness to palpation over the cervical paraspinal musculature, tenderness to palpation over the lumbar paraspinal musculature and bilateral sacroiliac joints, decreased lumbar range of motion secondary to pain, and positive straight leg raise test. The treating physician reported requesting authorization for Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec (Omeprazole DR) 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor, NSAID, gastrointestinal risk 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. Therefore, the request is not medically necessary.