

<b>Case Number:</b>	CM15-0164897		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 44 year old male who sustained an industrial injury on November 18, 2013. Documentation provided showed an operative reports dated August 21, 2014, May 01, 2014, where the worker underwent an epidural steroid injection, lumbosacral. The initial orthopedic evaluation dated November 11, 2014 reported subjective complaint of lumbar spine and right knee. He described the accident as while working in a refinery he was picking up three hoses with noted poor body mechanics and heard a pop with immediate onset of back pain. Just days thereafter, he stumbled getting out of vehicle and noted the onset of right knee pain. Follow up dated April 17, 2015 showed current medication regimen consisting of: Capsaicin cream; Lidocaine patches, and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole Cap 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole capsule 20 mg is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are sprain strain lumbar spine with right lower extremity radiculopathy; erectile dysfunction; sprain strain right knee; and sleep disturbance. Date of injury is November 18, 2013. Request for authorization is dated July 15, 2015. There is no progress note documentation by the requesting provider in the medical record. There is a single progress note in the medical record by the non-requesting provider dated March 15, 2015. Omeprazole is not listed in the current list of medications. Medications include Capsaicin, Lidoderm and Norco. Reportedly, Voltaren was noncertified. There is no documentation of comorbid conditions or risk factors for gastrointestinal events. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of comorbid conditions or risk factors for G.I. events, no documentation of omeprazole in the current list of medications and no progress note documentation by the requesting provider, Omeprazole capsule 20 mg is not medically necessary.