

<b>Case Number:</b>	CM15-0167721		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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  
 Certification(s)/Specialty: Family Practice

### 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 38 year old male, who sustained an industrial injury on 10-7-13. The injured worker was diagnosed as having lumbar disc protrusion, lumbar radiculopathy, lumbar facet syndrome, left knee internal derangement, and elevated blood pressure. Treatment to date has included a home exercise program and medication including Naproxen and Norco. Currently, the injured worker complains of low back pain radiating to the left lower extremity with numbness and tingling. Occasional left knee pain was also noted. The treating physician requested authorization for Omeprazole 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole cap 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Proton pump inhibitors.

**Decision rationale:** According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 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 medical records do not establish a history of peptic ulcer, gastrointestinal bleeding or perforation. Proton pump inhibitors for prophylactic purposes is not supported. Additionally, it should be noted that per guidelines long-term use of proton pump inhibitors leads to an increased risk of hip fractures. Per ODG, decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hyper-gastrinemia and cancer; and more recently adverse cardiovascular effects. PPIs have a negative effect on vascular function, increasing the risk for myocardial infarction (MI). Patients with gastroesophageal reflux disease on PPIs had a 1.16 greater risk of MI, and a 2.00 risk for cardiovascular mortality. PPI usage may be serving as a marker for a sicker population, but this is unlikely, given the lack of increased risk seen in patients taking H2 blockers. (Shah, 2015). The request for Omeprazole cap 20mg #60 is not medically necessary and appropriate.