

<b>Case Number:</b>	CM15-0180344		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	04/25/2011
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 36-year-old man sustained an industrial injury on 4-25-2011. The mechanism of injury is not detailed. Diagnoses include neural encroachment of bilateral lumbosacral region with radiculopathy and lumbar spondylosis. Treatment has included oral medications and chiropractic care with massage. Physician notes dated 8-6-2015 show complaints of low back pain rated 7 out of 10. The physical examinations shows lumbar spine tenderness, limited range of motion due to pain, positive straight leg raise on the right to 35 degrees and left at 45 degrees, and a decrease to the spasms in the lumboparaspinal musculature. Recommendations include additional physical therapy, topical compound, Hydrocodone, Tramadol, Naproxen, Omeprazole, and follow up in three weeks. Utilization Review denied a request for Omeprazole citing the worker has stated that he continues gastrointestinal issues with this medication. Further, the Naprosyn is not recommended and gastrointestinal issues should cease with the removal of this medication subsequently enabling the removal of the Omeprazole as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 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, hypertension and renal function, NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for PPI namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficult infection, bone loss, and fractures from long-term use of PPIs. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any identified history of acute GI bleeding, active ulcers, or confirmed specific GI diagnosis criteria to warrant this medication. The Omeprazole 20mg #60 is not medically necessary and appropriate.