

<b>Case Number:</b>	CM15-0187681		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	07/25/2014
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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:

The injured worker is a 30 year old female who sustained an industrial injury 07-25-14. A review of the medical records reveals the injured worker is undergoing treatment for displacement of lumbar intervertebral disc, low back pain, and cervicgia. Medical records (09-04-15) reveal the injured worker complains of pain in the neck, mid and lower back with radiation to the right buttocks and right leg, as well as knee pain. The pain is rated at 8-10/10. The physical exam (09-04-15) reveals limited lumbar spine range of motion, tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. There is tenderness to palpation over the greater trochanter on the right consistent with trochanteric bursitis. Prior treatment includes medications. The MRI of the lumbar spine (08-15-15) is not discussed by the treating provider. The original utilization review (09-18-15) non certified the request for Omeprazole 20mg #60. There is no discussion of gastrointestinal issues involving the injured worker. The documentation (07-10-15) reports that the Prilosec was added to "decrease the risk of gastrointestinal irritation and as prophylaxis against peptic ulcer disease."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Omeprazole 20 mg #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 rationale:** The patient presents with pain in the neck, mid back, and low back, radiating to the right buttock and right lower extremity. The request is for 1 PRESCRIPTION OF OMEPRAZOLE 20MG #60. Physical examination to the lumbar spine on 07/10/15 revealed tenderness to palpation to the paraspinal muscles with spasm. Range of motion was noted to be decreased. Per 09/09/15 Request For Authorization form, patient's diagnosis include displacement of lumbar intervertebral disc without myelopathy, cervicalgia, displacement of lumbar intervertebral disc without myelopathy, and low back pain. Patient's medications, per 09/04/15 progress report include Gabapentin, Diclofenac, and Omeprazole, and Prilosec. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines, page 69 under NSAIDs, GI symptoms & cardiovascular risk Section states, Recommend with precautions as indicated below: Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily); or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007) The treater has not specifically discussed this request. Review of the medical records provided indicate that the patient has been utilizing PPI medication (Prilosec and Omeprazole) since at least 07/27/15. However, the treater has not documented the efficacy of this medication and functional improvement. Furthermore, even though the records indicate that the patient has been utilizing NSAIDs (Diclofenac), the treater has not included GI assessment or complaints of GI upset, secondary to NSAID intake to substantiate such a medication. Without an appropriate GI assessment or evidence of dyspepsia secondary to NSAID utilization, this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.