

<b>Case Number:</b>	CM15-0188700		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	08/04/2000
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 49 year old female, who sustained an industrial injury on 8-4-2000. The medical records indicate that the injured worker is undergoing treatment for lumbago, lumbar radiculitis, and facet joint arthritis. According to the progress report dated 8-11-2015, the injured worker presented with complaints of increased low back pain with walking. The level of pain was not rated. The physical examination of the lumbar spine reveals spasm and facet joint tenderness. The medications prescribed are Tramadol and Omeprazole. There is documentation of ongoing treatment with Omeprazole since at least 3-4-2015. Previous diagnostic studies were not specified. Treatments to date include medication management. Work status is described as modified duty. The original utilization review (9-4-2015) had non-certified a request for Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole Cap 20mg #30:** 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 MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of proton pump inhibitors (PPIs), including omeprazole, in the treatment of patients. Typically, PPIs are used in patients at risk for a significant gastrointestinal (GI) complication such as GI bleed or ulcer. Clinicians should weight the indications for NSAIDs against the risk for a significant GI side effect. The risk factors for a GI side effect include: (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). For patients with no risk factors a PPI is not considered as necessary. In this case, the medical records do not indicate that the patient has any of the above cited MTUS risk factors for a significant GI side effect. For this reason, omeprazole is not medically necessary.