

<b>Case Number:</b>	CM15-0190604		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	04/10/2007
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 is a 46 year old female with a date of injury on 4-10-07. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back pain. Progress report dated 9-16-15 reports feeling about the same with low back and right leg pain. Ultram decreases her pain by 50% for 4-6 hours, lidoderm patches decrease nerve pain 70% for 8 hours. The omeprazole helps relieve the dyspepsia she has from taking Anaprox DS. Objective findings: low back pain is dull and sharp and radiated down the right leg to foot. H-wave helps with the right leg pain. Treatments include: medication, physical therapy, injections and lumbar fusion. Request for authorization was made for omeprazole 10 mg quantity 100. Utilization review dated 9-23-15 modified the request and certified quantity 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 10mg #100:** Overturned

**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 was injured on 04/10/07 and presents with pain in her lower back and right leg. The request is for OMEPRAZOLE 10MG #100 for gastric protection with NSAID and h/o gastric bleeding/ulcer. The RFA is dated 09/18/15 and the patient's current work status is not provided. MTUS guidelines, NSAIDs GI symptoms & cardiovascular risk section, page 68 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient has dull low back pain and sharp and radiated down the right leg to foot. There is no recent diagnosis provided. The patient has been taking Omeprazole as early as 04/08/15. As of 09/16/15, the patient is taking Ultram, Tylenol, Clonidine, Levothyroxin, Estradiol, Gabapentin, Nortriptyline, Celexa, Topamax, Anaprox, and Tizanidine. Given that the patient is taking NSAIDs, needs gastric protection with NSAID, and has a history of gastric bleeding /ulcer, the requested Omeprazole appears reasonable. Use of PPIs is indicated for gastric issues, as this patient presents with. Therefore, the requested Omeprazole IS medically necessary.