

<b>Case Number:</b>	CM15-0192509		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	11/22/2012
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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 52 year old female, who sustained an industrial injury on 11-22-2012. The medical records indicate that the injured worker is undergoing treatment for cervicalgia, headache, post lumbar laminectomy syndrome, and opioid-type dependence. According to the progress report dated 9-9-2015, the injured worker presented with complaints of pain in the head, neck, right shoulder, right elbow, right hand-thumb, both legs, and bilateral knees. The pain is associated with tingling in the right arm, right hand, and both feet. She notes numbness in both legs and feet as well as weakness in both legs. On a subjective pain scale, she rates her pain 9 out of 10, on average 6 out of 10, at best 5 out of 10, and at worst 10 out of 10. The physical examination of the cervical spine reveals tenderness to palpation over the bilateral, superior trapezius and levator scapulae, restricted range of motion, and negative Spurling's maneuver. Examination of the lumbar spine reveals tenderness to palpation over the bilateral paraspinal muscles consistent with spasms, restricted range of motion, and positive lumbar facet loading bilaterally. The current medications are Norco, Topiramate, Sumatriptan, Nortriptyline, Cyclobenzaprine, Omeprazole, tramadol, and Trazodone. The records do not indicate when Omeprazole was originally prescribed. Previous diagnostic studies were not specified. Treatments to date include medication management. Work status is described as temporarily totally disabled. On 9-17-2015, the RFA requested Norco, Topiramate, Sumatriptan, Nortriptyline, Cyclobenzaprine, Omeprazole, tramadol, and Trazodone. The original utilization review (9-23-2015) 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 20 MG Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient presents with pain in the head, neck, right upper extremity, bilateral legs and knees. The request is for Omeprazole 20mg qty 60. Physical examination to the cervical spine on 09/09/15 revealed tenderness to palpation over the bilateral superior trapezius and levator scapulae. Range of motion was noted to be limited in all planes. Per 09/17/15 Request For Authorization form, patient's diagnosis include post laminectomy syndrome, opioid type dependence, cervicgia, and headache. Patient's medications, per the same RFA include Norco, Topiramate, Sumatriptan, Nortriptyline, Cyclobenzaprine, Omeprazole, Tramadol, and Trazadone. Per 09/09/15 progress report, patient is temporarily totally disabled until 09/16/15. 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 (200 g 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 gastro-intestinal 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. In this case, only one progress report, dated 09/09/15 was provided in which the treater is prescribing Omeprazole. However, the treater has not included GI assessment or complaints of GI upset to substantiate such a medication. Review of the medical records provided did not indicate the patient is utilizing NSAIDs and there were no discussions of gastric complaints or evidence of prior GI symptom relief owing to PPI utilization. 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.