

<b>Case Number:</b>	CM15-0193166		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	09/04/2000
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Arizona, 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:

This is a 59-year-old female with a date of industrial injury 9-4-2000. The medical records indicated the injured worker (IW) was treated for lumbosacral strain and sciatica. In the progress notes (9-8-15), the IW reported back pain with associated numbness and tingling, spasms, fatigue, swelling, locking and weakness. When walking, sitting and rising from a seated position, pain was rated 7 out of 10 and for personal care was 6 out of 10. On the same 0 to 10 scale, her pain interfered with sleep, mood and relationships 8 out of 10. Medications included Norco, Lidoderm patch, Gabapentin, Eszopiclone, Trazadone and Omeprazole (since 6-2015). On examination (9-8-15 notes), she had trigger points in the back, some weakness in the right lower extremity and positive sacroiliac compression test. In Review of Systems, she had complaints of abdominal pain, gas, bloating and acid reflux or heartburn. Treatments included physical therapy, acupuncture and functional restoration program. The IW was on modified duty. Request for Authorization dated 9-8-15 was received for omeprazole 20mg #60 per 9/8/2015 order. The Utilization Review on 9-25-15 non-certified the request for omeprazole 20mg #60 per 9/8/2015 order.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg #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): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there the claimant had acid reflux and heartburn symptoms without being on NSAIDS. There was o mention of failure of H2 blockers. Etiology of symptoms was not investigated. Change in diet, meal time, medications contributing to symptoms was not further evaluated. Therefore, the continued use of Omeprazole is not medically necessary.