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| <b>Case Number:</b>   | CM15-0200077 |                              |            |
| <b>Date Assigned:</b> | 10/15/2015   | <b>Date of Injury:</b>       | 10/22/2010 |
| <b>Decision Date:</b> | 12/01/2015   | <b>UR Denial Date:</b>       | 10/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/12/2015 |

### 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, North Carolina  
 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 56 year old female who sustained an industrial injury on 10-22-2010. A review of the medical records indicated that the injured worker is undergoing treatment for low back pain, lumbar facet arthropathy, myofascial pain and gastritis. The injured worker is status post lumbar decompression and fusion in 07-2011 and low back surgery on 03-05-2015 (no procedure documented). According to the treating physician's progress report on 07-23-2015, the injured worker continues to experience low back pain radiating to the left lower extremity associated with numbness and tingling rated at 6 out of 10 on the pain scale. Medications help approximately 30% - 40% to keep pain under control. The injured worker uses assistive devices for support. Examination demonstrated paraspinal muscle spasm. The injured worker was able to dorsiflex and plantar flex ankles bilaterally at 4 out of 5. An antalgic gait was noted. The injured worker will begin post-operative physical therapy in August 2015. Prior treatments have included diagnostic testing, surgery, psychiatric support and follow-ups, physical therapy, home exercise program, transcutaneous electrical nerve stimulation (TENS) unit and medications. Current medications were listed as Gabapentin, Duloxetine, Alprazolam, Omeprazole, Zolpidem and LidoPro ointment. According to the medical review, the injured worker has tried to manage without Omeprazole but continued to have stomach upset. The injured worker has been on the medication for at least 6 months. Treatment plan consists of continuing medication regimen, start physical therapy as planned, continuing transcutaneous electrical nerve stimulation (TENS) unit, home exercise program, follow-up on appointments and the current request for Omeprazole

20mg # 60. On 10-01-2015 the Utilization Review determined the request for Omeprazole 20mg # 60 was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** CA MTUS Guidelines state that long-term use (greater than 1 year) of proton pump inhibitors are a risk factor for hip fracture. In this case, the patient has chronic low back pain and gastritis and takes Omeprazole secondary to nausea caused by his medications. A full assessment of the ongoing need for Omeprazole is not provided with this request. It does not appear that the patient is at risk for a GI event, including age over 65 years; PUD, GI hemorrhage, perforation; concomitant use of ASA, corticosteroids or anticoagulants; and high dose/multiple NSAIDs. It does not appear that the patient is taking an NSAID. There is no evidence that an attempt has been made to identify the medication(s) responsible for the nausea and alternative agents tried. Therefore the request is not medically necessary or appropriate.