

<b>Case Number:</b>	CM15-0203220		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	10/17/2009
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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 57 year old male, who sustained an industrial injury on 10-17-2009. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, neurogenic incontinence, lumbosacral radiculitis, lumbar post-laminectomy syndrome, mood disorder, opioid dependence, lumbar region spinal stenosis, depressive disorder, and urge incontinence of urine. On 8-6-2015, the injured worker reported chronic low back pain with urinary frequency, and depression. The Treating Physician's report dated 8-6-2015, noted the injured worker reported continued problems with sleep, transfers, and daily activities, having a prednisone taper relieving his flare-up. The injured worker reported no gastrointestinal (GI) symptoms, including vomiting, diarrhea, or abdominal pain, with a normal appetite. The injured worker's current medications were noted to include Meloxicam, Omeprazole, Oxybutynin, Oxybutynin Chloride ER, Oxycodone, Pristiq, Risperdal, and Valium. The physical examination was noted to show the injured worker with an antalgic gait favoring the left, using a rollator walker with forward flexed body posture. Prior treatments have included physical therapy, epidural injections, and laminectomy in 2010, home exercise program (HEP), Functional Restoration Program, and medications including Oxybutynin, Gabapentin, which caused angioedema, Mobic, Effexor which caused psychosis leading to hospitalization, Cymbalta, Pamelor was poorly tolerated, Pristiq, Percocet, Prednisone, Terocin patches noted not to work, and Nortriptyline discontinued due to possible interaction with Pristiq. The treatment plan was noted to include continued Oxycodone, Mobic, and Omeprazole, noted for prn non-steroid anti-inflammatory drug (NSAID) induced gastric reflux, prescribed since at least 4-2-2014. The request for authorization dated 8-7-2015, requested Meloxicam 15mg #30, Oxycodone 10mg #90 (DNF 9/4/2015), Oxycodone 10mg #90, and Omeprazole DR 40mg #30. The Utilization Review (UR) dated 8-14-2015, certified the requests for Meloxicam 15mg #30, Oxycodone 10mg #90 (DNF 9/4/2015), and Oxycodone 10mg #90, and non-certified the request for Omeprazole DR 40mg #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 40mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton pump inhibitors.

**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. PPIs are typically used for patients at risk for a serious gastrointestinal (GI) side effect, e.g. an ulcer or GI bleed, while taking an NSAID. The MTUS guidelines state that clinicians should weight the indications for NSAIDs against the risk factors for a GI side effect. The risk factors for gastrointestinal events include the following: (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). In this case, the medical records do not document any of these above cited GI risk factors. The patient is therefore deemed at low risk for a GI side effect. Under these conditions, the addition of a PPI to the NSAID is not considered as medically necessary. Therefore, there is no justification for the use of Omeprazole DR in this patient. It is not medically necessary.