

<b>Case Number:</b>	CM15-0205535		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	10/23/2001
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 60 year old female who sustained an industrial injury on 10-23-01. The injured worker reported discomfort in the neck and low back with radiation to the upper and lower extremities. A review of the medical records indicates that the injured worker is undergoing treatments for degeneration of lumbar disc, lumbar radiculopathy. Medical records dated 9-24-15 indicate pain rated at 2 to 4 out of 10. Provider documentation dated 9-24-15 noted the work status as permanent and stationary. Treatment has included bilateral lower extremity electromyography (7-21-14), at least 10 sessions of physical therapy, at least 16 sessions acupuncture treatment, at least 24 sessions chiropractic treatments, status post fusion, Advil, Ibuprofen, Naproxen, Norco, Gabapentin since at least April of 2015. Objective findings dated 9-24-15 were notable for tenderness to palpation to the lumbar spine, decreased lumbar sensation, and positive straight leg raise on the left and right. The original utilization review (10-12-15) denied a request for Omeprazole 20mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #120:** 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:** Omeprazole (Prilosec) is a proton pump inhibitor, which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 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). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole. Therefore, the request is not medically necessary.