

<b>Case Number:</b>	CM15-0021472		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 34 year old male, who sustained an industrial injury on 11/05/2013. He has reported low back pain. The diagnoses have included lower back pain; lumbosacral/joint/ligament sprain/strain; lumbar facet arthropathy; and lumbosacral radiculitis. Treatment to date has included medications, chiropractic sessions, acupuncture, TENS (transcutaneous electrical nerve stimulation) unit, and home exercise program. Medications have included Fenoprofen, Gabapentin, Naproxen, Cyclobenzaprine, and Omeprazole. Currently, the injured worker complains of continued low back pain with radiation to both legs with numbness and tingling, right greater than left; pain is increased with prolonged walking/standing/sitting; pain is rated at 8/10 on the visual analog scale; and medications help with about 30-40% of the pain. A progress report from the treating physician, dated 12/19/2014, reported objective findings to include tender areas noted over the lower lumbosacral facet joints with lumbosacral paraspinal muscle spasm; and decreased lumbar range of motion. The treatment plan included continuing with acupuncture, home exercise program, and TENS unit; and prescriptions for Gabapentin, Fenoprofen, Tenspatch, and Omeprazole. On 01/09/2015 Utilization Review noncertified a prescription for Omeprazole 20 mg #60. The CA MTUS was cited. On 02/04/2015, the injured worker submitted an application for IMR for review of Omeprazole 20 mg #60.

### 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 Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Pain section, Proton pump inhibitors

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are low back pain; pain upper/lower extremity; lumbosacral sprain/strain; lumbar facet arthropathy; and lumbar radiculitis. Subjectively, the injured worker complains of increased pain in the lower back that radiates to the legs. The injured worker takes Fenoprofen. The injured worker states that he feels G.I. upset with medication, however has not taken some medications recently. The utilization review contained a peer-to-peer discussion. The utilization review physician was told the treating physician was going to stop Fenoprofen. There is no clinical indication or rationale for Omeprazole in the absence of nonsteroidal anti-inflammatory drugs. Additionally, the injured worker was noncompliant with omeprazole. Consequently, based on clinical documentation with discontinuation of the nonsteroidal anti-inflammatory drug, Fenoprofen, Omeprazole 20 mg #60 is not medically necessary.