

<b>Case Number:</b>	CM15-0032572		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58 year old female, who sustained an industrial injury on 2/26/13. She has reported back injury with pain. The diagnoses have included cervical radiculitis, chronic pain syndrome, and myofascial pain and lumbosacral radiculitis. Treatment to date has included medications, diagnostics, and Epidural Steroid Injection (ESI). Currently, the injured worker complains of low back pain right side described as shooting and stabbing with numbness to the right lower extremity. She reports 30 percent relief of radicular symptoms with Epidural Steroid Injection (ESI). Magnetic Resonance Imaging (MRI) of the lumbar spine dated 4/1/13 revealed degenerative changes, stenosis, disc bulge, facet degenerative changes, and disc protrusion with moderate left foraminal stenosis including mass effect on the exiting L1 nerve root. There has been denial for recent Magnetic Resonance Imaging (MRI) of cervical and lumbar spine. Physical exam of lumbar spine revealed tenderness, trigger points, 1+ muscle spasm, and range of motion limited with extension. There was diminished light touch sensation in L5 on both sides dermatomal distribution. The current medications included Benazepril, Gabapentin, Hydrochlorothiazide, Metronidazole, Naproxen, Omeprazole and Vicodin. On 1/27/15 Utilization Review non-certified a request for Omeprazole 20 mg delayed release, #30 with 5 refills with a date of service of 1/6/2015, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg delayed release, #30 with 5 refills with a dos of 1/6/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient has GI issues that require the use of prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20 mg delayed release, #30 with 5 refills with a DOS of 1/6/2015 is not medically necessary.