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| <b>Case Number:</b>   | CM15-0033983 |                              |            |
| <b>Date Assigned:</b> | 02/27/2015   | <b>Date of Injury:</b>       | 02/11/2009 |
| <b>Decision Date:</b> | 04/15/2015   | <b>UR Denial Date:</b>       | 02/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/23/2015 |

### 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: Physical Medicine & Rehabilitation

### 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 50-year-old female, who sustained an industrial injury on February 11, 2009. She has reported a low back injury. The diagnoses have included neck sprain, lumbar/lumbosacral disc degeneration, and lumbosacral neuritis. Treatment to date has included medications, physical therapy, lumbar epidural, and trigger point injections. Currently, the IW complains of low back pain with radiating pain. The records indicate a magnetic resonance imaging of the lumbar spine was completed in April 2010, which revealed degenerative changes, and disc extrusion; and electro diagnostic studies completed in May 2010, was within normal limits. Physical findings reveal tenderness and trigger points in the cervical spine area, sensation diminished in the C7-8 and left L4-5 and L5-S1 dermatomes. On February 23, 2015, Utilization Review non-certified Omeprazole 20mg capsules #60. The MTUS guidelines were cited. On February 23, 2015, the injured worker submitted an application for IMR for review of Omeprazole 20mg capsules #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non steroidal anti-inflammatory drugs (NSAIDs) Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

**Decision rationale:** The patient was injured on 02/11/2009 and presents with neck pain and lower back pain. The request is for omeprazole 20 mg quantity 60. The RFA is dated 02/18/2015, and the patient is permanent and stationary. She is on full duty. The patient has been taking omeprazole as early as 07/12/2014. The MTUS Guidelines page 68 and 69 NSAIDs, GI symptoms & cardiovascular risk, states that omeprazole is recommended with precautions for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS Guidelines page 69, for states, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." As of 02/18/2015, the patient is taking Tylenol No. 3, omeprazole, and gabapentin. The reason for the request is not provided. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without a documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, the requested omeprazole is not medically necessary.