

<b>Case Number:</b>	CM15-0036669		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	10/03/2003
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Arizona, 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 54 year old male with an industrial injury date of 10/03/2003. The injury was related to his employment as a mechanic. He presents on 01/09/2015 with complaints of low back pain, difficulty sleeping and complaints of depression and frustration due to chronic pain. Physical exam noted decreased sensation in both feet to pin prick and light touch. His mood and affect were slightly depressed. Prior treatments include epidural injections, medications, intrathecal pain pump, surgery, pain management program and psychiatric evaluation. Diagnosis: Right lumbar radiculopathy status post-surgery, Secondary insomnia due to chronic pain, Secondary depression due to chronic pain, Bilateral feet numbness. The provider recommended continuing Omeprazole and Ibuprofen. The claimant had been on pain pumps and high dose opioids for an extended length of time. ,On 02/02/2015 the request for Omeprazole 20 mg # 30 was non-certified. MTUS was cited. The request for Ibuprofen 800 mg # 90 was also non-certified. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800 mg, ninety count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on opioids including a pain pump simultaneously. There were no pain scores noted. There was no indication for overlapping NSAIDs with high dose opioids. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Ibuprofen is not medically necessary.

**Omeprazole 20 mg, thirty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The use of NSAIDs as above is not medically necessary. Therefore, the continued use of Omeprazole is not medically necessary.