

<b>Case Number:</b>	CM15-0056675		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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, Texas

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 42-year-old male, who sustained an industrial injury on September 12, 2012. The injured worker was diagnosed as having chronic low back pain, chronic neck pain, status post head injury, and headaches. Treatment to date has included cervical spine/thoracic spine/lumbar spine MRIs, lumbar epidural steroid injection (ESI), and medication. Currently, the injured worker complains of severe pain in the lower back with shooting pain down to his knees. The Treating Physician's report dated February 4, 2015, noted the injured worker reporting worsening pain. Physical examination was noted to show positive tenderness and spasming in the paralumbar musculature, with pain with forward flexion and extension of the lumbar spine. The injured worker was noted to have positive straight leg raise in the bilateral lower extremities. The Physician noted the treatment plan included the medications, Diclofenac XR, Omeprazole, and Tramadol ER, chronic pain management, spine surgery consultation, and a one month home based TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Omeprazole 20mg, #60 for the lumbar spine, provided on date of service: 02/05/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 68-69.

**Decision rationale:** According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that he has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, omeprazole is not medically necessary.