

<b>Case Number:</b>	CM15-0059355		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	09/19/2003
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 46 year old male, who sustained an industrial injury on 09/19/2003. He reported falling off of a ladder and sustaining injury to the low back. The injured worker was diagnosed as having lumbar radiculopathy, lumbago, and post laminectomy syndrome of the lumbar region. Treatment to date has included epidural steroid injections, physical therapy, status post multiple laminectomies/microdiscectomies, lumbar magnetic resonance imaging, home exercise program, and medication regimen. In a progress note dated 03/11/2015 the treating physician reports a decrease in low back and leg pain with a pain rating of six out of ten with medication and a ten out of ten without medication. The treating physician requested Omeprazole 20mg with a quantity of 180 to be used for opioid induced gastritis and heartburn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NSAID-avoidance Education in Community Pharmacies for Patients at High Risk for Acute Kidney Injury, Upstate New York, 2011. Prev Chronic Dis. 2014; 11:E220, Cardiovascular risks associated with non-aspirin non-steroidal anti-inflammatory drug use. Dan Med J. 2015 Mar; 62(3). The impact of combinations of non-

steroidal anti-inflammatory drugs and anti-hypertensive agents on blood pressure. Adv Clin Exp Med. 2014 Nov-Dec; 23(6):993-1000.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Proton Pump Inhibitors.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #180 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 lumbar radiculopathy; lumbago; and post laminectomy lumbar syndrome. The earliest progress note in the medical record is dated November 25, 2014. The documentation indicates the injured worker was taking Omeprazole 20 mg q12h, naproxen and Norco. The most recent progress note in the medical record is dated March 11, 2015. The injured worker is still taking Omeprazole 20 mg Q 12 hours. The injured worker was diagnosed with dyspepsia/Gerd secondary to pain medications. The injured worker does not have a history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Although an H2 blocker or proton pump inhibitor is clinically indicated, Omeprazole 20 mg Q 12 hours is not clinically indicated. Omeprazole 20 mg daily is the appropriate dosing schedule for this proton pump inhibitor. The provider requested Omeprazole 20 mg #180 (a three month supply) that would reflect b.i.d. dosing. Consequently, absent compelling clinical documentation with Omeprazole 20 mg Q 12 hours, Omeprazole 20 mg #180 is not medically necessary.