

<b>Case Number:</b>	CM15-0086076		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	05/05/2014
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 26 year-old female, who sustained an industrial injury on 05/05/2014. She has reported injury to the mid and low back. The diagnoses have included thoracic spinal strain; and lumbar spinal strain. Treatment to date has included medications, diagnostics, ice, physical therapy, and home exercise program. Medications have included Norco, Neurontin, Naproxen, and Prilosec. A progress note from the treating physician, dated 04/15/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued constant mid and low back pain; pain is rated at 9/10 on the visual analog scale; muscle spasms are localized to the low back; and pain radiated to the right leg with spasms and pain. Objective findings included walking with a stiff gait; tenderness to the thoracic and lumbar paraspinals; mild swelling; and diminished range of motion to the thoracic and lumbar spine with muscle guarding. The treatment plan has included the request for Prilosec 20mg #90; and consultation with treating physician to evaluate for possible lumbar epidurals.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** Omeprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing mid- and lower back pain with spasms that goes into the right leg. There was no discussion reporting the worker had any of the above conditions, documenting the reasons the worker had increased risk for gastrointestinal events and why a NSAID needed to be continued, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for ninety capsules of omeprazole 20mg is not medically necessary.

**Consult with Treating Physician to Eval for Possible Lumbar Epidurals:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, Criteria for the Use of Opioids, Weaning of Medications Page(s): 8, page(s) 76-77, and page 124.

**Decision rationale:** The MTUS Guidelines encourage the use of specialist consultation when needed in order to more quickly return the worker to a functional state. Consultation with pain management specialists is specifically supported before a trial of opioid medication if the worker's complaints do not match the examination and/or imaging findings and/or there are psychosocial concerns, the worker requires more opioid medication than the equivalent of morphine 120mg daily, or the worker is not tolerating opioid weaning. The submitted and reviewed records indicated the worker was experiencing mid- and lower back pain with spasms that goes into the right leg. These records did not suggest any of the above situations were occurring. The documented pain assessments were minimal and did not contain most of the elements recommended by the Guidelines. There was no discussion suggesting why medication injected near the spinal nerves would be helpful at this time. In the absence of such evidence, the current request for a consultation with a treating physician for evaluation for a possible epidural injection in the lower back region is not medically necessary.