

<b>Case Number:</b>	CM14-0111816		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	06/04/2003
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 52-year-old male who has submitted a claim for lumbar/lumbosacral disc degeneration associated with an industrial injury date of June 4, 2003. Medical records from 2014 were reviewed, which showed that the patient complained of chronic lower back pain. There is no available physical examination of the abdomen. Treatment to date has included topical ointment, acupuncture and medications such as Neurontin, Cymbalta, Zanaflex, and Celebrex. Prilosec is being used for GI prophylaxis. Utilization review from June 17, 2014 denied the request for Omeprazole 20mg #60 with 5 refills because the patient did not have symptoms of dyspepsia and risk factors for a gastrointestinal event.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg, #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Proton pump inhibitors

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

**Decision rationale:** According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as omeprazole, are indicated in patients taking NSAIDs who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the records provided do not document any GI complaint or evidence that the patient was at intermediate risk for gastrointestinal events. The patient is not also taking any medication necessitating GI prophylaxis. Although Celebrex is an NSAID, it is a selective Cox-2 inhibitor. Therefore, the request for Omeprazole 20mg #60 with 5 refills is not medically necessary.