

<b>Case Number:</b>	CM14-0118555		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/24/2012
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 55-year-old female who has submitted a claim for intervertebral disc disorder with myelopathy of lumbar region and right lower extremity radiculopathy associated with an industrial injury date of 7/24/2012. Medical records from 2014 were reviewed. The patient complained of right-sided low back pain rated 5/10 in severity radiating to the right lower extremity. Aggravating factors included prolonged sitting, standing, and walking. Physical examination of the lumbar spine showed tenderness, painful range of motion, and positive straight leg raise at the right. Treatment to date has included trigger point injection, Norco, omeprazole (since 2013), and tizanidine. Progress report from 6/5/2014 cited that omeprazole was prescribed for epigastric symptoms secondary to pain medications. The utilization review from 6/26/2014 denied the request for omeprazole 20mg because of no concurrent NSAID use to necessitate a proton pump inhibitor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg (non-specified amount):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient is a 55-year-old female who has been prescribed omeprazole since 2013. Progress report from 6/5/2014 cited that omeprazole was prescribed for epigastric symptoms secondary to pain medications. However, the medical records submitted failed to provide evidence of symptom relief with medication use. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria are not met. The request likewise failed to specify quantity to be dispensed. Therefore, the request for omeprazole 20mg is not medically necessary.