

<b>Case Number:</b>	CM14-0120354		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/13/2000
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 63-year-old female was reportedly injured on 3/13/2000. The claimant underwent a right total knee arthroplasty in 2008. The most recent progress note, dated 2/26/2014 and 3/19/2014, indicated that there were ongoing complaints of low back and right lower extremity pain as well as burning dyspepsia. Physical examination revealed the patient had an antalgic gait, positive straight leg raise on the right at 50, decreased sensation in the L5 distribution and increased pain with extension of right knee without knee redness, swelling or crepitus. There were continuous low pitched bowel sounds in both lower quadrants, no tenderness, and some involuntary guarding in the mid epigastric area. MRI of the lumbar spine, dated 6/15/2012, demonstrated 2 mm to 3 mm disk bulge with bilateral foraminal stenosis at L4-L5 and facet hypertrophy at L5-S1. Diagnoses were low back pain, knee pain, and gastrointestinal intolerance of medications and constipation. Previous treatment included tramadol, diclofenac, OxyContin and gabapentin. A request had been made for Omeprazole 20mg #60 with 5 refills, which was not certified in the utilization review on 7/1/2014.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fractures. Review of the available medical records indicates the claimant suffers from chronic dyspepsia despite taking Prilosec for many years. There is no documentation why her non-steroidal anti-inflammatory medication has not been discontinued or changed. The claimant is <65 years old and has no documented history of a gastrointestinal bleed or peptic ulcer. As such, this request is not considered medically necessary.