

<b>Case Number:</b>	CM14-0133130		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	01/08/2002
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 and Pulmonary Diseases 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 injured worker is a 41 year old male who reported an injury on 01/08/2002. The mechanism of injury was not provided. The injured worker had diagnoses of lumbar radiculopathy, multilevel HNP (herniated nucleus pulposus) of the lumbar spine at L-45 and L5-S1 with moderate to severe stenosis. Past treatment included medications, a transforaminal epidural steroid injection at right L4 and L5 on 05/09/2014, and a self guided home exercise program. The clinical note dated 07/08/2014 noted the injured worker complained of aching and stabbing low back pain rated 4/10. The injured worker stated after the epidural injection on 05/09/14 he had 60% relief of pain and 30% relief at the 07/18/2014 office visit. The injured worker was able to reduce medications from 6-8 tabs of the Norco per day to 1-2 tabs per day after the epidural injection. The injured worker had to increase Norco to 3-4 tabs a day. Physical examination revealed some tenderness of the lumbar spine. The injured worker had limited range of motion of the lumbar spine, with decreased sensation to the L4, L5, and S1 dermatomes on the right side. Medications included Norco 10/325mg, Flexeril 7.5mg, Prilosec 20mg, and Voltaren 100mg. The treatment plan was not provided. The rationale for the request was not provided. The request for authorization was submitted on 08/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Omeprazole 20mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request for Omeprazole 20mg, #60 is not medically necessary. The injured worker has documentation of NSAID regimen. The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is a lack of documentation indicating that the injured worker has a history of gastrointestinal bleed, perforation, or peptic ulcers. The injured worker is prescribed an NSAID medication; however, there is a lack of documentation indicating the injured worker has significant gastrointestinal symptoms related to the medication. There is a lack of documentation indicating the injured worker has significant improvement with the medication. The request for refills would not be indicated, as the efficacy of the medication should be assessed prior to providing additional medication documentation. Therefore the request is not medically necessary.