

<b>Case Number:</b>	CM14-0143671		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/08/2014
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 66 year-old with a reported date of injury of 01/08/2014. The patient has the diagnoses of cervical and lumbar strain, left sciatica, multilevel degenerative disc protrusion with foraminal stenosis in the cervical and lumbar spine. Past treatment modalities have included physical therapy and NSAID therapy. Per the most recent progress notes provided by the primary treating physician dated 04/22/2014, the patient had complaints of constant lower back pain radiating to the left leg and constant slight to moderate neck pain with radiation to both shoulders. The physical exam noted to have decreased range of motion in the cervical and lumbar region due to pain. The treatment plan included continuation of Naprosyn. The patient cannot get an epidural steroid injection due to cortisone allergy and the patient is not a surgical candidate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk..

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID use and proton pump inhibitors (PPI) states: Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. Recommendations Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no supplied documentation that places this patient at intermediate or severe gastrointestinal risk that would require a use of a PPI with NSAID therapy. There is also no mention of separate gastrointestinal disease that would require the use of a PPI independent of NSAID use. For these reasons the criteria as set forth above have not been met for the use of the medication. Therefore Omeprazole 20mg #60 is not medically necessary.