

<b>Case Number:</b>	CM14-0147415		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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, has a subspecialty in Pain 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 records, presented for review, indicate that this 63-year-old female was reportedly injured on March 8, 2011. The mechanism of injury was noted as a back injury while cleaning a bathtub. The most recent progress note, dated July 29, 2014, indicated that there were ongoing complaints of low back pain, as well as pain in the right lower extremity. The back pain was rated at a 6/10. The knee pain was rated at a 6/10 as well, and the patient denied radicular symptoms. The physical examination demonstrated an alert and oriented patient in no acute distress, with an antalgic gait. There was tenderness to palpation to lumbar paraspinal muscles, with decreased range of motion of the lumbar spine in all planes. There was also decreased sensation to the left L3, L4, L5 and S1 dermatomes. Motor exam was basically unremarkable. Diagnostic imaging studies included an MRI of the lumbar spine from August 2011 and noted the findings of multilevel degenerative disc disease and mild to moderate multilevel stenosis. Previous treatment included chiropractic physiotherapy, acupuncture therapy, home exercise program, and multiple medications. A request had been made for Omeprazole 20 mg, one tablet by mouth daily, # 30, and was deemed not medically necessary in the pre-authorization process on August 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20 MG PO 1 QD #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISKS.

**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 fails to document any signs or symptoms of GI distress, which would require PPI treatment. As such, this request is not considered medically necessary.