

<b>Case Number:</b>	CM14-0152832		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	07/13/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 44-year-old male with a 7/13/12 date of injury. At the time (3/7/14) of request for authorization for Omeprazole 20mg #60 (1 refill), there is documentation of subjective (low back pain radiating to the left lower extremity) and objective (tenderness to palpation in the lumbosacral spine from L4-S1 with stiffness, painful lumbar range of motion, and radicular pain in the L4-L5 and L5-S1 distribution) findings. The current diagnoses include a myofascial sprain and strain of the lumbosacral spine, multilevel lumbar degenerative disc disease, and lumbar radiculopathy. The treatment to date includes ongoing therapy with Relafen and Ibuprofen. The 7/11/14 medical report identifies that the patient is on high dose/multiple NSAID therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60 (1 refill):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies that the "risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of myofascial sprain and strain of the lumbosacral spine, multilevel lumbar degenerative disc disease, and lumbar radiculopathy. In addition, there is documentation of chronic NSAID therapy, risk for gastrointestinal event (high dose/multiple NSAID), and preventing gastric ulcers induced by NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20mg #60 (1 refill) is medically necessary.