

<b>Case Number:</b>	CM14-0160380		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	08/07/2003
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 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 initial date of injury in this case is 08/07/2003. The date of the utilization review under appeal is 09/25/2014. On 09/09/2014, the patient was seen in primary treating physician followup regarding lumbar pain, status post fusion, and a left sacroiliac sprain. The patient reported he was having increased pain and crepitation in his knees related to his back and antalgic gait. His sitting tolerance and standing tolerance and walking tolerance were 30 minutes. He could not do much housework or go to the grocery store. He was not able to go through Costco because of the amount of standing and walking required. The patient was seen for refill of medications which included ibuprofen. Additionally omeprazole was refilled due to gastrointestinal irritation related to pain and nonsteroidal use. An initial physician review recommended that omeprazole be modified. Criteria to establish medical necessity for other than a once-a-day dosing schedule was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg QTY: 270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatories, Page(s): 22.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on antiinflammatory medications states that antiinflammatory medications are a first-line to reduce pain and increase function, but long-term use may not be warranted. Currently, the request has been made for quantity 270 tablets of omeprazole, suggesting long-term NSAID and gastrointestinal prophylaxis use. Such prolonged use of this medication without interim physician followup is not consistent with the treatment guidelines. While the medical records discuss NSAID gastritis and, thus, some degree of use of this medication is supported, it is not possible to support an indication for 270 tablets. This request is not medically necessary.