

<b>Case Number:</b>	CM14-0160486		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	05/16/2006
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/05/2014
<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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 67 year old female with an injury date of 05/16/06. Per the 09/03/14 report by [REDACTED], the patient presents with lower back, buttock and bilateral leg pain as well as urinary incontinence. Examination of the cervical spine reveals tenderness to palpation for the midline and paraspinal region. There is tenderness to palpation over the bilateral trapezius region. The patient's diagnoses include: Chronic low back, buttock and leg pain. Failed back surgery syndrome L5-S1 decompression and fusion Bilateral leg pain with numbness and weakness Medications are listed as Norco, Ultram, Neurontin, and Anti-inflammatories including Ibuprofen. The utilization review being challenged is dated 09/05/14. Reports were provided from 09/09/13 to 09/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

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

**Decision rationale:** The treater presents with lower back, buttock and bilateral leg pain and urinary incontinence. The treater requests for Omeprazole. The reports provided show the patient has been taking this medication since at least 02/24/14. The MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk pages 68, 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, there is no discussion in the reports provided regarding use of the medication or whether or not it helps the patient. Furthermore, the treater does not provide GI assessment as required by MTUS. Therefore, Omeprazole is not medically necessary and appropriate.