

<b>Case Number:</b>	CM14-0078545		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Internal 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 patient is a 63 year old female who was injured on 03/08/2011 while performing her usual and customary work related duties. The patient underwent right knee arthroscopy with medical meniscectomy, abrasion chondroplasty of osteochondral lesion of the posterior medial femoral condyle on 07/23/2013. Prior medication history included Voltaren, Norco, and Prilosec. Progress report dated 03/25/2014 documented the patient to have complaints of low back pain rated as a 6/10 on the pain scale. She also reported cramping in her bilateral feet with numbness and tingling. She rated her right knee pain as a 5/10. She was reportedly taking Norco 5/325 mg, Prilosec 20 mg and Voltaren as needed. She stated the medications help decrease her pain and prevent stomach upset. On exam, she had tenderness to palpation of the lumbar paraspinals. Range of motion of the lumbar spine is decreased in all planes. There is decreased sensation to the left at L3, L4, and S1 dermatomes. The patient did not have any GI complaints and there was no diagnosis of a GI condition. The patient is diagnosed with multilevel HNP's of the lumbar spine with stenosis, respiratory condition, possibly due to chemical exposure at work. The patient was recommended omeprazole 20 mg #60 for prevention of GI upset. Prior utilization review dated 05/08/2014 states the request for Omeprazole 20mg count #60 is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg count #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

**Decision rationale:** As per MTUS: NSAIDs, GI symptoms & cardiovascular risks page 68 Recommend with precautions as indicated below: Clinician 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. Progress report dated 3/25/14 indicated the patient reported occasional lower back pain. From the notes provided it does not appear the patient is at increased risk for GI events. The documents did not provide a GI diagnosis which requires PPI therapy. She denied side effects to medications. Therefore, Omeprazole 20mg count #60 is not medically necessary.