

<b>Case Number:</b>	CM14-0081658		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/22/1991
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Medicine and is licensed to practice in Texas. 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 injured worker is a 55 year old male injured on 08/22/91 due to an undisclosed mechanism of injury. Prior surgical history included lumbar laminectomy and discectomy. Diagnoses include chronic pain syndrome, depression, insomnia, myofascial pain, opiate tolerance, and osteoarthritis. The clinical note dated 04/01/14 indicated the injured worker presented with a history of diffuse abdominal pain, low back pain, and right lower extremity pain described as aching and a lancinating sensation exacerbated by periods of increased activity and lifting of objects. The documentation indicated a 25% relief in pain and overall increased function due to current therapy regimen. Physical examination revealed gait and movements within baseline, neurologically intact without apparent gross deficiencies that were not altered from the injured worker's baseline. Recommendation was for bilateral L3-4 epidural steroid injection submitted. Medications included Lidocaine 5% ointment, oxycodone, MS Contin, omeprazole, orphenadrine, Relafen, Wellbutrin and Miralax powder. The initial request for omeprazole DR 20mg 1 tablet every morning #30 was initially denied on 05/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20 mg one tablet every morning #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

**Decision rationale:** As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors (PPIs) are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for omeprazole DR 20 mg one tablet every morning #30 is not medically necessary and appropriate.