

<b>Case Number:</b>	CM14-0082128		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 injured worker is a 31 year old male who had an industrial injury in November 2013 with a fall and immediate symptoms of pain in the low back and subsequently, radiation in to the left lower extremity. He was seen by various providers including chiropractor, psychiatry and is currently being seen by comprehensive pain management including an acupuncturist and a physician assistant. The most recent notes dated May 2014 at which time the patient was prescribed Naproxen 550 mg orally twice a day and refill of Omeprazole 20 mg orally twice a day as needed was requested. The patient complained of back pain, primarily on the left side of the low back, along with radiation into the sciatic region as well as down to the dorsum of the foot, involving all toes. Numbness and tingling were described as well. On examination, all muscle groups of the left lower extremity were described to be weak and touch, pinprick as well as vibration were noted to be diminished in the L4, L5 and S1 dermatomes. Reflexes were normal. Previously, an MRI done in November 2013 established that he had minor disk bulging at L5-S1 with mild bilateral neural foramen compromise. His formal diagnoses included low back sprain with radiculitis of the lumbar radicles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole Delayed Release 20 mg #60 (Refill): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Criteria for the use of Epidural steroid injections

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Section - Pain interventions; Subsection - NSAIDs, GI symptoms and cardiovascular.

**Decision rationale:** The injured worker is a 31 year old male with no cardiovascular diseases documented in the medical records. He has no gastrointestinal (GI) complaints documented and no history of peptic ulcer. He is not on dual NSAID therapy (including aspirin). Therefore, he would be considered low risk for GI complications of NSAID therapy. Per applicable guidelines, there is no indication to treat this patient with proton pump inhibitor therapy. The request is therefore not medically necessary.