

<b>Case Number:</b>	CM14-0093771		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/13/2003
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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, has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of October 13, 2003. A utilization review determination dated June 7, 2014 recommends non-certification of omeprazole 20 mg b.i.d. A progress note dated June 3, 2014 identifies subjective complaints of continued left low back pain referring down to the left foot that seems to have increased in the interim. The patient has been working full-time on a farm due to financial needs and he is requesting omeprazole because the stomach queasiness from his medications. His current medications include gabapentin 1200 mg b.i.d. to TID and Norco-5 1 to 2 tablets daily. Physical examination identifies tenderness in the left lower back extending into the left buttock, lumbar flexion is with moderate restrictions and extension remains minimal, he has numbness in the left L5 - S 1 pattern, left lower extremity strength is 4/5, gait is with decreased stance phase on the left side while pulling his left leg behind him at times and with significant stiffness and antalgia, and left seated dural stretch causes symptom provocation. The diagnoses include left lumbar radiculitis, status post L5 - S 1 PLIF with epidural fibrosis, with continued left leg pain, numbness and gait dysfunction. The treatment plan recommends determining the status of a request for a denied MRI of the lumbar spine which is currently under independent medical review, continue activity as well as same work restrictions, a prescription refill for Norco-5 #75 with one refill, a prescription refill for gabapentin, and a prescription refill for omeprazole 20 mg up to b.i.d. for stomach side effects associated with the Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg BID:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

**Decision rationale:** Regarding the request for omeprazole (Prilosec) 20mg BID, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole 20mg BID is not medically necessary.