

<b>Case Number:</b>	CM14-0096717		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	01/11/2000
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Family 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:

This is a 48-year-old male who reported an industrial injury to the back on 1/11/2000, over 14 years ago, attributed to the performance of his usual and customary job tasks reported as picking up sheet rock and feeling back pain. The patient has had surgical intervention to the lumbar spine x2. The patient has also had ongoing conservative treatment with PT; chiropractic care; acupuncture; and medications. The objective findings on examination included tenderness to palpation of the lumbar paraspinal muscles; decreased range of motion; able to toe and heel walk; motor strength 5/5; negative SLR on the right with positive SLR on the left. The EMG from 1/8/2014 was reported as negative. The MRI of the lumbar spine dated 10/4/2011 documented neural foraminal narrowing at the L4-L5 area. The diagnosis was lumbar radiculopathy; lumbar facet arthropathy; low back pain. The patient was prescribed omeprazole 20 mg b.i.d. #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 Mg #60, as an Outpatient for Low Back Injury: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides/lowback> Table 2 Summary of Recommendations Low Back Disorders

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-opioids

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; "Determine if the patient is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Omeprazole routine for prophylaxis for the medications prescribed without an NSAID. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole. The patient is documented to be prescribed no NSAIDs. There is no industrial indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Omeprazole is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas, 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed Omeprazole automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Omeprazole without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Omeprazole was dispensed or prescribed routinely. There is no demonstrated medical necessity for the prescription for omeprazole/Prilosec 20 mg bid #60.