

<b>Case Number:</b>	CM13-0072677		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Rehab, has a subspecialty in Pain 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 case involves an injured worker who sustained an injury on May 11, 2011. Utilization review determination dated 12/20/2013 recommended non-certification for the requested Omeprazole delayed release 20mg stating that proton-pump inhibitor (PPI) are only indicated in instances where there is significant risk of gastrointestinal (GI) events and the injured worker does not meet this criteria. A progress report dated 11/5/2013 indicated the patient returns for orthopedic re-evaluation. The patient had undergone a lumbar decompression on 2/1/13 and had resolution of the radicular component of his pain. However, he has increasing pain in his low back which has progressively worsened with occasional transient symptoms to the legs bilaterally. Objective findings indicate a well-healed incision to the lumbar spine, reproducible pain across the iliac crest into the lumbosacral spine, patient had no radiculopathy. Diagnosis is status post right L4 to S1 laminectomy and discectomy- 2/1/13. Plan indicated that the patient was advised to loose considerable weight and continue medication to control pain on an as needed basis. It appears that the patient is currently taking Naproxen 550mg, Cyclobenzaprine 7.5mg, Ondansetron ODT 8mg, Omeprazole delayed-release 20mg, Tramadol Hydrochloride ER 150mg and Terocin Patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole delayed release 20mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 68.

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

**Decision rationale:** Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to non-steroidal anti-inflammatory drug (NSAID) therapy or for patients at risk for gastrointestinal (GI) 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 high risk for gastrointestinal events with high NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.