

<b>Case Number:</b>	CM14-0102558		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/16/2005
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 36-year-old male, with a reported date of injury of 08/16/2005. The diagnoses include chronic pain, opioid dependence, residual left lower extremity radiculopathy, lumbar spine pain, status post previous laminectomy and fusion at L4-S1, status post removal of posterior segmental instrumentation, and left knee internal derangement. Treatments to date have included an MRI of the lumbar spine on 12/18/2013, which showed a moderate degree of central stenosis at L3-4, Norco, Skelaxin, Motrin, Omeprazole, Soma, Ibuprofen, and two lumbar spine surgeries. The re-evaluation report dated 05/19/2014 indicates that the injured worker stated that his low back symptoms remain the same. He complained of moderate aching stiffness in his neck with occipital headaches; bilateral wrist/hand pain, rated 6-7 out of 10 at best; severe pain in the lower back, with radiation of pain into the left leg and left ankle, rated 8 out of 10 at worst and 3 out of 10 at best; and weakness of the left lower extremity. The injured worker stated that his self-care activities were performed slowly and with discomfort. His ability to do his activities of daily living is limited. The physical examination showed pain to palpation of the left tibial crest at the posterior third and at the posterior third of the anterolateral leg muscles; normal gait; left calf pain with heel walking; decreased lumbar spine range of motion; decreased sensation in the lateral left thigh from left hip to knee; negative bilateral straight leg raise test; and medial and lateral joint line tenderness on the left. The treating physician requested Prilosec 20mg for refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Prilosec 20mg is not medically necessary and appropriate.