

<b>Case Number:</b>	CM14-0203059		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	06/25/2010
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Family Practice 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 58-year-old male claimant sustained a work injury on June 25, 2010 involving the low back. He was diagnosed with lumbar disc disease and thoracic radiculitis. He had chronic degenerative disease of the lumbar spine as well. The claimant's pain had been managed with Norco, muscle relaxers, Nonsteroidal anti-inflammatory medications in topical analgesics. A progress note on October 6, 2014 indicated the claimant had 5/10 pain. Exam findings were notable for a reduced range of motion in the lumbar spine and a positive straight leg raise test on the left side. There was stiffness and tenderness to palpation in the lumbar spine. The claimant remained on the above medications along with Prilosec. He had been on Prilosec since at least May 2014 for gastrointestinal protection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60 (DOS 10/06/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter - update 10/30/2014

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Prilosec is not medically necessary.