

<b>Case Number:</b>	CM14-0212138		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	07/04/2000
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient had a date of injury on 7/4/2000. According to the progress note dated 11/11/14 the patient complained of pain in the neck, low back, bilateral hips, and right leg and stomach. Patients previous medications included NSAIDs, ESI, physical therapy, spinal cord stimulator, ice, heat, chiropractic treatment and surgery of an L4-L5 fusion. Diagnosis includes lumbosacral neuritis and post laminectomy syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30 3RF:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular effects Page(s): 68.

**Decision rationale:** Based on guidelines for patients with intermediate risk for GI events a non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20mg omeprazole daily)

or misoprostol (200g four times daily) is recommended. According to the medical records there is no documentation that the patient is at increased risk of gastritis or is at intermediate risk and thus is not medically necessary.