

<b>Case Number:</b>	CM14-0213102		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	10/26/2013
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 35 year old man with a date of injury of 10/26/13. He was seen by his primary treating physician on 12/9/14 for follow-up of his low back pain. He was scheduled for epidural spinal injection on 12/30/14. He was no longer taking NSAIDs. On review of systems, he reported nausea but denies vomiting, diarrhea, constipation or acid indigestion. His exam showed 5/5 lower extremity strength with intact and equal sensation and deep tendon reflexes. He had tenderness over the right paraspinals with increased pain with flexion and extension. Straight leg raise was positive on the right. He had normal heel-toe walking. His current medications were Cymbalta, flexeril, deonsal II and albuterol in haler. His diagnoses were low back pain, lumbar radiculitis and discogenic pain, lumbar stenosis and facet pain, chronic pain syndrome and myofascial pain. At issue in this review is the request for the medication omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole capsules 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** This worker has chronic pain with an injury sustained in 2013. Per the guidelines, omeprazole is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). He has nausea on review of systems but denies acid indigestion. The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole. The request is not medically necessary.