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| <b>Case Number:</b>   | CM14-0215876 |                              |            |
| <b>Date Assigned:</b> | 01/05/2015   | <b>Date of Injury:</b>       | 06/29/2006 |
| <b>Decision Date:</b> | 03/17/2015   | <b>UR Denial Date:</b>       | 12/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/23/2014 |

### 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, Hawaii  
 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 (IW) is a 57 year old female who sustained an industrial injury on 06/29/2006. She has reported persistent pain in the mid and low back with numbness and weakness of the lower extremities. The right side is more painful than the left. Her pain is rated as an 8/10 overall, and it is reduced to a 5 with medication. The diagnoses have included: cervical spine herniated nucleus pulposus, thoracic spine herniated nucleus pulposus, lumbar spine herniated nucleus pulposus, stress, insomnia, rule out fibromyalgia, and fatigue. Treatment to date has included Acupuncture, chiropractic care with ortho shockwave, epidural steroid injections, and oral and topical medications. Testing done has included a sleep profile study, MRI's of the cervical spine and lumbar spine, pulmonary function studies, electromyogram of the upper extremities, urine toxicology screens a Sudoscan, and a functional capacity evaluation. The IW is under the care of a pain specialist and is continuing with a home exercise program. Currently, the IW complains of back pain and has radicular symptoms on physical examination. Medications taken include tramadol for pain. Norco was requested on 11/20/2014. On 12/04/2014 Utilization Review non-certified a request for Omeprazole 20 mg #60, noting there was no specific justification of medical necessity given for the requested medication in the provider's medical records. The MTUS, NSAIDs, GI Symptoms & Cardiovascular Risk Guidelines were cited. On 12/23/2014, the injured worker submitted an application for IMR for review of the non-certified items.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

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

**Decision rationale:** The patient presents with pain affecting the mid and low back with numbness and weakness of the lower extremities. The current request is for Omeprazole 20 mg # 60. The requesting treating physicians report does not provide any rationale for the current request. The reports provided for review do not indicate that the patient has any dyspepsia or GI complaints. A treating physician report dated 9/23/14 (69) states that the patient has no history of peptic ulcer disease or gastrointestinal issues. The MTUS guidelines state Omeprazole is recommended with precautions, "(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)." Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. The MTUS guidelines support the use of Omeprazole for gastric side effects due to NSAID use. In this case, the reports provided show the treating physician has not documented that the patient has any G/I symptoms that require an H2 receptor antagonist or a PPI and no risk assessment has been performed. Recommendation is for denial.