

<b>Case Number:</b>	CM14-0218744		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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, Arizona  
 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 50-year-old female who reported an injury on 12/18/2013. The mechanism of injury involved a motor vehicle accident. The current diagnoses include sacroiliitis, lumbar radiculopathy, lumbar facet pain, and low back pain. The injured worker presented on 11/15/2014 with complaints of 3/10 lower back pain with associated radiating pain in the left lower extremity. Previous conservative treatment includes medication management and physical therapy. Upon examination, there was spasm in the lumbar paraspinal muscles, stiffness of the lumbar spine, tenderness to palpation, positive Patrick's test on the left, 5/5 motor strength, and intact sensation. Treatment recommendations included continuation of the current medication regimen of tramadol 50 mg, nortriptyline 10 mg, omeprazole 20 mg, and Voltaren 1% gel. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole cap 20mg #30:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitors, even in addition to a nonselective NSAID. There was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The injured worker is not currently utilizing an NSAID. The medical necessity for the requested medication has not been established in this case. As such, the request is not medically appropriate at this time.