

<b>Case Number:</b>	CM15-0002657		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: Arizona, 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:

The patient is a 39 year old female who sustained a work related injury to her lower back and buttocks on October 3, 2013. There was no mechanism of injury documented. There were no surgical interventions documented or recent diagnostic studies. The injured worker is diagnosed with chronic myofascial sprain/strain of the lumbosacral spine, degenerative disc disease of the lumbosacral spine and lumbar radiculopathy L4-L5 and L5-S1. According to the primary treating physician's progress report on December 4, 2014 there was tenderness in the lumbosacral spine and paraspinal muscle from L1 through S1 with minimal stiffness and no spasm. Range of motion was painful on flexion, extension and lateral rotation but within normal limits. Current medications are Nabumetone and Methocarbamol. Current treatment modalities consist of ice/heat packs and a home exercise program. The claimant had been on an NSAID (Nabumetone) for several months for pain control along with Omeprazole for gastric protection. A progress note on 12/4/14 did not indicate any GI symptoms or an abnormal GI exam. The treating physician requested authorization for Omeprazole 20mg BID plus 2 refills. On December 17, 2014 the Utilization Review denied certification for Omeprazole 20mg BID plus 2 refills. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines; Non-Steroidal Anti-Inflammatory drugs (NSAID's) GI symptoms & cardiovascular risks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg BID plus 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the MTUS guidelines, Omeprazole 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. The recent exam did not indicate any abnormal GI examination. The claimant had been on Omeprazole for months. Therefore, the continued use of Omeprazole is not medically necessary.