

<b>Case Number:</b>	CM15-0009325		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	03/27/2009
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: California

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 47 year old male, who sustained an industrial injury on March 27, 2009, with a left foot crush injury. The diagnoses have included crush injury and partial amputation of the left foot, status post free flap reconstruction and debulking of the left foot, latissimus dorsi donor site pain, L4-L5 disc protrusion with secondary neuroforaminal stenosis and radiculitis, chronic pain depression, left cubital tunnel syndrome, backache, lumbar sprain/strain, displaced lumbar vertebrae, and sciatica. Treatment to date has included multiple foot operations, walking boot, physical therapy, epidural steroid injections, and medications. Currently, the injured worker complains of the lumbar spine in constant pain, with trouble sleeping. The Primary Treating Physician's report dated December 9, 2014, noted the left foot swollen with pain on palpation, and the injured worker with a left stiff leg antalgic gait using a cane. On December 12, 2014, Utilization Review non-certified Omeprazole DR 20mg #30, noting there was no documentation of GI distress symptoms. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 15, 2015, the injured worker submitted an application for IMR for review of Omeprazole DR 20mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with lower back pain rated 08/10. The request is for OMEPRAZOLE DR 20MG #30. The RFA is not provided. Patient's diagnosis included crush injury and partial amputation of the left foot, status post free flap reconstruction and debulking of the left foot, latissimus dorsi donor site pain, L4-L5 disc protrusion with secondary neuroforaminal stenosis and radiculitis, chronic pain depression, left cubital tunnel syndrome, backache, lumbar sprain/strain, displaced lumbar vertebrae, and sciatica. Concomitant medications included Nucynta, Neurontin, and Cymbalta. Patient is temporarily totally disabled. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, Omeprazole initiation date is unknown. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. Review of the medical records did not show history of GI symptoms, complaints, or issues such as GERD, gastritis or PUD for which a PPI may be indicated. The patient is under 65 years of age. Additionally, there was no record of NSAID use or concurrent use of ASA, corticosteroids, and/or an anticoagulant. The patient does not present with an indication for Omeprazole. Therefore, the request IS NOT medically necessary.