

<b>Case Number:</b>	CM15-0103335		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	09/15/2011
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Texas, 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:

This is a 64 year old female patient who sustained an industrial injury on September 15, 20011. The diagnoses include cervical disc disease, cervical facet arthropathy, lumbar disc disease, lumbar facet arthropathy, complex regional pain syndrome of the right lower extremity status post metatarsal fracture, and right shoulder impingement syndrome. Per the doctor's note dated 10/27/2014, She had complaints of low back pain, right lower extremity pain, and right foot pain. Since she underwent a spinal cord stimulator she reported that the coverage now has been readjusted by the Medtronic representative and working well with coverage of the pain on the right foot as well as the lower back. The pain with medications and spinal cord stimulator was reduced to 3-4/10 from 9-10/10. She has been able to reduce Norco to twice a day instead of 4 times a day. There was some pain in the incision area that had subsided. The medications list includes hydrocodone, lyrica, cymbalta, zoloft, ambien and robaxin. Treatment has included medications and a spinal cord stimulator. The treatment request included Omeprazole 20 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** Upheld

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

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

**Decision rationale:** Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events". Patients at high risk for gastrointestinal events". Treatment of dyspepsia secondary to NSAID therapy". Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when- "(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)". There is no evidence in the records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The request of Omeprazole 20mg #60 is not medically necessary or established for this patient.