

<b>Case Number:</b>	CM15-0103541		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/27/2015
<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: 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 53 year old male, who sustained an industrial injury on 02/01/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar degenerative disc disease, hip or thigh strain, right meniscus tear of the right knee/right knee anterior cruciate ligament (ACL) tear, lumbar radiculopathy, facet arthropathy, and myofascial pain. Treatment and diagnostic studies to date has included use of a transcutaneous electrical nerve stimulation unit, medication regimen, use of a cane, and home exercise program. In a progress note dated 05/15/2015 the treating physician reports complaints of low back that radiates to the right lower extremity along with constant right knee pain. Examination reveals an antalgic gait and a decreased range of motion of the right knee and lumbar spine. The injured worker's pain level was rated a 7. The injured worker's current medication regimen included Tramadol and Trazadone. The treating physician requested the medication Omeprazole 20mg with a quantity of 60 on 05/15/2015, but the documentation provided did not indicate the specific reason for the requested medication and also did not indicate any gastrointestinal symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Omeprazole 20 mg #60 (5/15/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms cardiovascular risks Page(s): 68.

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

**Decision rationale:** The patient was injured on 02/01/13 and presents with right knee pain and low back pain which radiates to the right lower extremity. The retrospective request is for OMEPRAZOLE 20 MG #60 (05/15/15). The RFA is dated 05/15/15 and the patient is to remain off of work until 06/17/15. MTUS Guidelines page 60 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events. 1.Age greater than 65. 2.History of peptic ulcer disease and GI bleeding or perforation. 3.Concurrent use of ASA or corticosteroid and/or anticoagulant. 4.High dose/multiple NSAID.MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The reason for the request is not provided. The patient is diagnosed with lumbar degenerative disc disease, hip or thigh strain, right meniscus tear of the right knee/right knee anterior cruciate ligament (ACL) tear, lumbar radiculopathy, facet arthropathy, and myofascial pain. As of 04/17/15, the patient is taking Naproxen and Tramadol. In this case, the patient is not over 65, does not have a history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, the requested Omeprazole is not medically necessary.