

<b>Case Number:</b>	CM15-0011667		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	11/27/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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 injured worker is a 62 year old male, who sustained a work/ industrial injury when he tripped on a rod and fell, striking his left shoulder on the concrete and had a pulling sensation to his back on 11/27/12. He has reported symptoms of back pain with radicular pain. Prior medical history was not reported in the documentation. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy; lumbar sprain. A lumbar spine x-ray dated 12/10/14 noted degenerative changes. An Magnetic Resonance Imaging (MRI) from 6/6/13 reported L3-4 broad based posterior disc bulge with facet arthrosis and hypertrophy, mild central canal, and moderate bilateral foraminal narrowing, and anterolisthesis of L4 on L5 with posterior pseudodisc bulge, pars hypertrophy, mild to moderate central canal, and moderate bilateral foraminal narrowing. Treatment to date has included diagnostics, medication, lumbar surgery, physical therapy, and 3 injections. The treating physician's report dated 12/22/14 reported less tenderness at the levels of L5-S1 with mild erythematous surgical incision, muscle spasms, restricted range of motion due to pain, Lesegue's test positive on the left as well as the straight leg raises, sensation decreased on the left L5-S1. A request was made to include 60 tablets of Omeprazole and 100 tablets of Lyrica. On 1/5/15, Utilization Review non-certified Omeprazole 20 mg #60 and Lyrica 100 mg #100, noting the California Medical treatment Utilization Schedule (MTUS) Low Back Complaints, Chronic Pain Medical Treatment Guidelines.

### 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 Antiepilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 67.

**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. Therefore, the continued use of Omeprazole is not medically necessary.

**Lyrica 100mg #100:** 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 Lyrica Page(s): 19.

**Decision rationale:** According to the guidelines, Lyrica is effective and approved for diabetic neuropathy and post-herpetic neuralgia. In this case, the claimant has neither diagnoses. The claimant had been on Lyrica along with other analgesics. There is no indication for continued use and the Lyrica is not medically necessary.