

<b>Case Number:</b>	CM15-0014585		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	09/29/2009
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 38 year old male, who sustained an industrial injury on 9/29/2009. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome, lumbar post laminectomy syndrome, and psychalgia. Treatment to date has included surgical and conservative measures. Currently, the injured worker complains of constant low back pain, rated 7-8/10. Current medications included Cyclobenzaprine, Cymbalta, Gabapentin, Hydrocodone, and Omeprazole. No gastrointestinal symptoms were described. On 1/20/2015, Utilization Review non-certified a request for Omeprazole 20mg #30 (with 3 refills), citing the MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg #30 with 3 Refills:** 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 & Cardiovascular Risk section Page(s): 68, 69.

**Decision rationale:** Proton pump inhibitors, such as omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of omeprazole when using NSAIDs. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Omeprazole 20 mg #30 with 3 Refills is determined to not be medically necessary.