

<b>Case Number:</b>	CM15-0175468		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	04/20/2013
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2015

### 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, Texas

Certification(s)/Specialty: Internal 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 was a 48 year old female, who sustained an industrial injury, April 20, 2013. According to progress note of March 31, 2015, the injured worker's chief complaint was low back pain. According to the provider the injured worker was taking Zofran for nausea and Prilosec 20mg daily for gastrointestinal upset and Gabapentin. The injured worker was able to walk farther and sleep longer. According to the progress note of May 22, 2015, the injured worker was taking Prilosec for medication induced gastritis with no side effects. According to the progress note of June 23, 2015 the injured worker was no longer taking Advil for pain. The injured worker continued to take the Gabapentin for the numbness and burning in the left foot and the Prilosec was changed to Omeprazole with no explanation. The progress note referred to the Prilosec 20mg once ad day for medication induced gastritis. The injured worker was undergoing treatment for constipation, lumbar radiculopathy, lumbar HNP; rule out intradiscal injury of the cervical and thoracic spine. The injured worker previously received the following treatments 10 sessions of acupuncture, transforaminal epidural steroid injection on June of 2014, L4-L5 transforaminal epidural steroid injection on June 16, 2015, Prilosec, Cyclobenzaprine, Zofran and Gabapentin. The RFA (request for authorization) dated the following treatments were requested a prescription for Omeprazole 20mg #60. The UR (utilization review board) denied certification on August 3, 2015: for the prescription for Omeprazole due to no evidence of NSAID use or specific documentation of gastrointestinal complaints.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary Online Version last updated 07/15/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** There is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that he has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, Omeprazole is not medically necessary.