

<b>Case Number:</b>	CM15-0176059		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	09/29/2001
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, Indiana, New York  
 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 is a 58 year old male, who sustained an industrial injury on 9-29-2001. He reported a "serious cervical injury with associated spinal cord involvement, quadriparesis with persistent upper and lower extremity symptoms and findings". Diagnoses include lumbar disc displacement without myelopathy, spondylosis, cervical disc displacement without myelopathy, cervical stenosis, postlaminectomy syndrome of the cervical region and depressive disorder. Treatments to date include activity modification, medication management, and physical therapy. Currently, he complained of ongoing pain in the right arm, right shoulder, neck pain, and low back pain with radiation to bilateral lower extremities. There was numbness and tingling in bilateral upper extremities. He reported insomnia was relieved with Trazodone nightly. On 7-8-15, the physical examination documented cervical tenderness with decreased range of motion, decreased sensation to bilateral upper extremities and atrophy of the right hand musculature. The thoracic and lumbar areas were noted to be tender. There was decreased sensation in bilateral lower extremities. The medical records indicated spinal surgery was recommended and due to personal preference of the injured worker, was being refused. The plan of care included ongoing medication management. The appeal requested authorization for Omeprazole 20mg #60. The Utilization Review dated 8-11-15, denied the request stating, "the submitted records did not indicate any risk factors for a gastrointestinal event" to support medical necessity per California MTUS 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured workers working diagnoses are displacement lumbar intervertebral disc without myelopathy; lumbosacral spondylosis without myelopathy; displacement cervical intervertebral disc without myelopathy; spinal stenosis cervical region; post laminectomy syndrome cervical region; and depressive disorder NOS. date of injury is September 29, 2001. Request for authorization is August 4, 2015. Utilization review states the request for authorization is retrospective back to July 25, 2015. According to a progress note dated October 14, 2014, the treating provider prescribed Omeprazole, Wellbutrin, MS Contin, Norco and Trazodone. According to the July 8, 2015 progress note, subjective complaints include right arm pain and shoulder pain, neck and back pain. There were no comorbid conditions or risk factors for gastrointestinal events. Review of systems and past medical history were negative for G.I. symptomatology. Current medications included omeprazole 20 mg. There is no clinical indication or rationale for proton pump inhibitors in the record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with comorbid conditions or risk factors for G.I. events and no clinical indication or rationale for proton pump inhibitors, Omeprazole 20 mg #60 is not medically necessary.