

<b>Case Number:</b>	CM15-0178295		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	02/19/2007
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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 47 year old male, who sustained an industrial injury on February 19, 2007. He reported a cumulative trauma injury. The injured worker was currently diagnosed as having lumbar radiculopathy. Treatment to date has included diagnostic studies, injections, exercises, psychological consultation and medication. On August 20, 2015, the injured worker complained of lower backache. The pain was rated as a 5 on a 1-10 pain scale with medications and an 8 on the pain scale without medications. He was noted to be taking his medications as prescribed. There was no change in location of pain and no new problems or side effects. No gastrointestinal complaints were reported. On the day of the exam, his current medications included Gabapentin, Lexapro, Colace, Ibuprofen, Omeprazole, Silenor, Cialis, Diazepam, Oxycodone and Baclofen. The injured worker was noted to be currently working. His medication regimen was recommended to continue, including Omeprazole for gastrointestinal upset secondary to medications. On September 4, 2015, utilization review denied a request for Omeprazole 20mg #30 with two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**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. There is also no justification for long-term Ibuprofen use that would require the claimant to use Omeprazole. Therefore, the continued use of Omeprazole is not medically necessary.