

<b>Case Number:</b>	CM15-0025060		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	05/01/2006
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Texas, 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 60 year old male, who sustained an industrial injury on 5/1/2006. The patient sustained the injury when he was bending rebar. The current diagnoses are failed back surgery syndrome of the lumbar spine, neurogenic bladder, and chronic pain syndrome. Currently, the injured worker complains of constant low back pain on 1/13/15. The pain is rated 7-8/10 on a subjective pain scale. The pain is characterized as sharp, dull, throbbing, burning, aching, electricity, and pins and needles. The GI review revealed irritable bowel syndrome and constipation. A recent detailed gastrointestinal system examination was not specified in the records provided. The physical examination of the spine revealed tenderness to palpation of the lumbar paraspinous area and throughout the back. There is decreased range of motion. Positive straight leg raise was noted. Current medications are Amitriptyline, Colace, Effexor, Mobic, Neurontin, Omeprazole, Opana, Oxymorphone, Senna Lax, and Tizanidine. Treatment to date has included medication, heat, ice pack, physical therapy, acupuncture, and interventional injections. The patient's surgical history include left shoulder surgery and back surgery. He has had a urine drug toxicology report on 12/17/14 that was positive for Oxycodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg # 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events." Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A recent detailed gastrointestinal examination was not specified in the records provided. The records provided do not specify any objective evidence of significant gastrointestinal bleeding or peptic ulcer. Any details regarding the diagnosis of irritable bowel syndrome or constipation were not specified in the records provided. The medical necessity of the request for Omeprazole 20mg # 30 is not fully established in this patient.