

<b>Case Number:</b>	CM15-0031040		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	04/17/2006
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: North Carolina

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 48-year-old male, who sustained an industrial injury on April 17, 2006. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having multilevel herniated nucleus pulposus of the cervical spine with moderate to severe stenosis and distortion of the cervical cord, myelopathy, herniated nucleus pulposus of the lumbar spine with stenosis, cervical and lumbar radiculopathy, and chronic pain syndrome. Treatment to date has included acupuncture, physical therapy, chiropractic therapy, epidural steroid injections, a home exercise program, a back brace, a dietary consultation for weight loss, and medications including oral pain, topical pain, proton pump inhibitor, non-steroidal anti-inflammatory. On February 5, 2015, the injured worker complains of ongoing neck, mid back, and low back pain, which is mostly on the left side. He has numbness in the left leg to the foot after sitting for 10 minutes. His pain is rated 5-6/10. His medications decrease his pain by 50% and allow him to increase his walking distance by 15 minutes. The physical exam revealed limited cervical and lumbar range of motion, diffuse tenderness to palpation of the cervical and lumbar spine with spasms, decreased sensation to the right cervical 6 and C8 dermatomes, and decreased sensation to the left lumbar 3-sacral 1 dermatomes. There was decreased strength of the upper and lower extremities. The treatment plan includes a proton pump inhibitor medication for gastritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-70.

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or a anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. Recommendations Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore, the request is not medically necessary.