

<b>Case Number:</b>	CM15-0068557		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 47 year old male, who sustained an industrial/work injury on 5/31/13. He reported initial complaints of lumbar spine pain. The injured worker was diagnosed as having lumbosacral lipoma hemangioma, spondylitis changes, spinal canal stenosis, annular tear, and multi-level disc bulge. Treatment to date has included medication, diagnostics, physical therapy, chiropractic care, nerve blocks on 10/13/14, and acupuncture. MRI results were reported on 6/11/14. CT Scan results were reported on 2/17/15. Currently, the injured worker complains of low back and leg pain that was rated 9/10 with numbness radiating down the right leg. Per the primary physician's progress report (PR-2) on 2/18/15, examination noted paraspinal lumbosacral tenderness to palpation, exacerbation of pain with extension and rotation. Gait was antalgic with use of a crutch, inability for heel to toe walk on right foot, motor strength 4/5, positive straight leg raise on the left, and decreased range of motion to the lumbar spine at all areas. Current treatment included oral steroids. The requested treatments include Omeprazole.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

**Decision rationale:** Omeprazole 20 mg # 60 DOS is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Omeprazole is not medically necessary.