

<b>Case Number:</b>	CM15-0079859		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	05/02/2003
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 65 year old male with an industrial injury dated 05/02/2003. Prior treatments included lumbar epidural steroid injection and medications. His diagnoses included chronic neck pain with a history of cervical surgery in 2004, chronic low back pain and chronic myofascial pain. On 01/12/2015, the injured worker presented for low back pain with radicular symptoms into the lower extremities. He was post epidural steroid injection of lumbar spine and noted it had decreased his nerve pain by 60%. He wanted to continue on Norco but was experiencing nausea with it. He was prescribed Reglan. Physical exam revealed tenderness to palpation in the paraspinal muscles of the lumbar spine. He had some stiffness with range of motion, which is somewhat limited. He presents on 03/09/2015 for ongoing neck and low back pain. He rated his pain as 7/10 in the neck as in low back as 6/10. His current medications included Norco, Naproxen, Ultracet, Zanaflex, and Prilosec. Reglan did not help. The request is for Prilosec 20 mg # 60 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60 (refill 3 of 3): 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** MTUS and ODG states, "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 an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "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 g 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)." The medical documents provided do not establish the patient as having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for Omeprazole 20mg #60 (refill 3 of 3) is not medically necessary.