

<b>Case Number:</b>	CM15-0096313		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	05/13/1989
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51 year old male, who sustained an industrial injury on 05/13/1989. According to a progress report dated 03/27/2015, the injured worker was seen for lower backache. Pain level with medications was rated 8 on a scale of 1-10 and 10 without medications. There were no new problems or side-effects. The provider noted that quality of sleep was good. Activity level remained the same. Trazadone was not approved and the injured worker was not able to sleep and was having increased low back pain radiating down the bilateral legs. Review of systems was positive for anxiety, depression, irritability and nervousness. Medication regimen included Amitiza, Colace, Cymbalta, Duragesic, Enulose, Lidoderm 5% patch, Miralax, Neurontin, Norco, Senna, Trazodone, Viagra, Xanax, Zanaflex, Omeprazole, Provigil, Tegretol, Carbamazepine and Metoclopramide. Diagnoses included disc disorder lumbar and low back pain. The provider noted that the injured worker saw a gastroenterologist who reported normal intestinal movement. Prescriptions were given for Neurontin, Trazodone, Enulose, Duragesic, Norco, Cymbalta, Amitiza, Senna, Omeprazole and Miralax. The injured worker was permanent and stationary and was currently not working. Currently under review is the request for Omeprazole cap 20mg 30 day supply #30. According to a progress report dating back to 11/14/2014, the injured worker was trialed on Omeprazole for acid disturbances secondary to meds.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole cap 20mg 30 day supply #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** The provider noted that the injured worker saw a gastroenterologist who reported normal intestinal movement. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Omeprazole cap 20mg 30 day supply #30 is not medically necessary and appropriate.