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| <b>Case Number:</b>   | CM14-0110093 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 08/09/2006 |
| <b>Decision Date:</b> | 11/30/2015   | <b>UR Denial Date:</b>       | 07/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/15/2014 |

### 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: Arizona, 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 was a 44 year old female, who sustained an industrial injury, August 9, 2006. The injured worker was undergoing treatment for lumbago, low back pain and lumbar pain radiculopathy lumbar region. According to progress note of May 8, 2014, the injured worker's chief complaint was chronic low back pain with muscle spasms and radiculopathies right greater than the left. The radiculopathic pain radiated from the lumbar sacral spine to both lower extremities. The injured worker suffered from opioid induced constipation with Colace. The pain induced depression partially controlled with Cymbalta. The injured worker complained of gastrointestinal irritation and gastro-esophageal reflux disorder aggravated by prolonged intake of nonsteroidal anti-inflammatory medications and analgesic medications. The physical exam was negative for any physical findings. The injured worker previously received the following treatments behavioral therapy, Lyrica, Aquatic therapy, TENS (transcutaneous electrical nerve stimulator) unit, Oxycontin, Cymbalta, Lamictal, Docusate, Zolpidem and Omeprazole secondary to acid reflex from analgesic mediations. The UR (utilization review board) denied certification on July 2, 2014, for a prescription for Omeprazole 20mg 1 tablet daily #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, the claimant has gastric reflux from medication including high dose narcotic use. Although the claimant is not currently taking NSAIDs, the documentation of symptoms associated with multiple medications justifies the short-term use of Omeprazole. Therefore, the request is medically necessary.