

<b>Case Number:</b>	CM13-0035114		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/29/2009
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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/services.

### 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 patient is a 49-year-old female who reported an injury on October 29, 2010. The patient is currently diagnosed with neck sprain, cervicalgia, right carpal tunnel syndrome, muscle spasm, and long-term current use of medications. The patient was recently seen by [REDACTED] on November 22, 2013. The patient reported flare-up of neck pain. Physical examination revealed bilateral tenderness of the cervical and trapezius muscles, trigger points in bilateral trapezius and occipital, decreased range of motion, and intact sensation. Treatment recommendations included 6 trigger point injections, and continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg, #60, purchased September 25, 2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the clinical notes submitted, there is no documentation of a gastrointestinal condition. There is no evidence of a cardiovascular disease or risk factors for gastrointestinal events. Therefore, the

patient does not currently meet criteria for a proton pump inhibitor. As such, the request is non-certified.