

<b>Case Number:</b>	CM13-0038800		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/27/2012
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 California. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 63-year-old female who reported an injury on 04/27/2012. The mechanism of injury was stated to be that the patient was driving with clients in her car when a client grabbed onto the right side of the patient's shirt and put his suitcase between the patient and the client, and the client began hitting the patient numerous times on the head, shoulder, and right arm. The patient's diagnoses were noted to include GI complaints in terms of constipation, diarrhea, and irritability, without changes in eating habits. The request was made for Prilosec 20 mg 1 tablet by mouth daily to protect the patient's GI system

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30 between 9/18/2013 and 11/18/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk. .

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

**Decision rationale:** California MTUS recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. Clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to indicate the patient had signs and

symptoms of dyspepsia and there was a lack of documentation indicating the patient was taking an NSAID. Given the above, the request for Prilosec 20 mg #30 between 09/18/2013 and 11/18/2013 is not medically necessary..