

<b>Case Number:</b>	CM13-0043111		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/04/2007
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 male with a date of injury of 12/04/2007. The listed diagnoses per [REDACTED] dated 09/11/2013 are: 1. Lumbar spine strain/sprain syndrome 2. Right lower extremity radiculitis 3. Right Achilles tendon partial tear 4. Bilateral shoulder impingement syndrome 5. Cervical sprain/strain syndrome The patient is status post two right arthroscopic shoulder surgeries in 2008 and 2010. In addition, patient had a right Achilles tendon repair in 2008. According to report dated 09/11/2013 by [REDACTED], patient presents with continued complaints of his lower back. It was noted that despite ongoing and debilitating pain, the patient remains reluctant to take Norco. Patient is mostly relying on Anaprox, but still experiences muscle spasms and rigidity across his neck and lower back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg, 60 count:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 69.

**Decision rationale:** The Physician Reviewer's decision rationale: This patient presents with chronic lower back and shoulder pain. Treater states Prilosec is being utilized for GI protection, "as this patient has several MTUS risk factors; age, NSAID's, chronic pain and stress, poor eating habits and nutrition, and some alcohol and smoking use." MTUS pg 69 states, Omeprazole is recommended with precautions as indicated below. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determining 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). The request for Prilosec 20 mg, 60 count, is medically necessary and appropriate.