

<b>Case Number:</b>	CM13-0044187		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/15/2003
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 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/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:

This is a 52 year-old female with an 11/15/2003 industrial injury claim. She has been diagnosed with left knee sprain, patellofemoral arthritis, grade 2-3 tear of posterior horn medial meniscus; s/p right shoulder arthroscopy x2 2005 and 2006 with residual bursitis; right elbow medical epicondylitis; left lateral epicondylitis; GI upset. According to the 8/7/13 report by [REDACTED], the patient's right shoulder has worsened since the last visit. [REDACTED] was awaiting a response for left elbow ultrasound guided cortisone injection and a left knee surgical consultation. The physician requested medication refill. On 10/21/13 UR denied the use of Prilosec. There is a 9/26/13 report from [REDACTED] office noting the patient has had an AME internal medicine evaluation by [REDACTED] on 4/5/12 and it was determined that the gastritis, hypertension and sleep disorder should be treated on an industrial basis. There were reports of GERD on 2/1/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 PRILOSEC 20MG:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation GOODMAN AND GILLMAN'S THE PHARMACOLOGICAL BASIS OF THERAPEUTICS.

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

**Decision rationale:** The Expert Reviewer's decision rationale: The patient presents with upper and lower extremity pain and GI upset. The medical report from [REDACTED] notes the gastritis has been evaluated by an internal medicine specialist in 2012, and the patient was reported to have GERD on 2/1/13. MTUS states a PPI can be used to treat dyspepsia from NSAIDs. This is in the MTUS section on NSAIDs. MTUS does not specifically discuss use of Prilosec for GERD. The reports did not discuss what medications the patient is taking. The boxed label indication for Prilosec is for treatment of symptoms associated with GERD. The patient was reported to have GERD symptoms. The use of Prilosec appears to be in accordance with its boxed label indication.