

<b>Case Number:</b>	CM13-0052162		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/31/2006
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 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 68-year-old gentleman with a date of injury of 1/31/06. This patient became dizzy at work and had an episode of syncope, falling to the floor. Patient is under the care of an orthopedic specialist for chronic symptoms with diagnoses of chronic lumbar disease, left knee osteoarthritis, status post total knee replacement, and right knee tricompartmental osteoarthritis. The patient was seen on 9/16/13. The patient had ongoing pain symptoms, and was taking Motrin, Robaxin and Ultram. Exam shows reduced lumbar range of motion with tender points in the paraspinals. As pain was worsening, a pain consult was requested. Prilosec was recommended for the stomach, as the patient was continuing chronic NSAID use. This was submitted to Utilization Review on 10/10/13. Though only Prilosec was requested for review, the UR physician stated that it was his opinion that there was no justification for ongoing NSAID use, therefore, there was no justification for Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** Guidelines do support use of GI protectants in patients with a history of chronic NSAID use, as there is high risk for adverse GI effects. This patient has been on long-term NSAIDS for chronic pain as well as osteoarthritis of bilateral knees, s/p TKA of the left knee. He presents with increasing pain, and continues to be on Motrin, Robaxin, and Ultram. As the patient is using chronic NSAIDS, ongoing use of Prilosec is appropriate. Medical necessity of Prilosec is established.