

<b>Case Number:</b>	CM13-0055906		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/23/2007
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Physical Medicine and Rehabilitation 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 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:

The injured worker is a 44 year old male with a reported injury date of 02/23/2007; the mechanism of injury was not provided. The clinical note dated 12/06/2013 noted that the injured worker was prescribed 3-4 Norco a day with Gabapentin, Naproxen, and Exalgo; the injured worker denied side effects from these medications. It was noted in the objective findings that the injured worker denied nausea, vomiting, and upset stomach.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20 MG CAP, 1 CAP DAILY #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors for use in injured workers at intermediate risk for gastrointestinal events. However, the medical necessity of this medication cannot be established due to the lack of objective physical findings and/or documentation of a history of GI

symptomatology. The request for Prilosec 20mg capsule, 1capsule daily #60 is not medically necessary and appropriate.