

<b>Case Number:</b>	CM13-0060199		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 patient is a 55-year-old female who was injured on December 15, 2011. The patient continued to experience pain in her right shoulder, bilateral elbows, bilateral wrists, neck, and low back. Physical examination was notable for cervical spine facet joint tenderness, upper extremity motor strength 4/5 bilaterally, lumbar spine muscle spasm, positive straight leg raise bilaterally, right shoulder impingement sign, positive Tinel, Phalen, and Durkin to the bilateral wrists, and positive Tinel to the elbows and forearms. Diagnoses included cervical strain, cervical discogenic disease, right upper extremity radiculitis, bilateral lateral epicondylitis, bilateral ulnar neuritis, right shoulder impingement syndrome, bilateral carpal tunnel syndrome, and lumbar discogenic disease. Treatment included medications, physical therapy, and activity modification. Request for authorization for Prilosec was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC (STRENGTH AND QUANTITY UNSPECIFIED):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009), NSAIDS, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions And Guidelines Page(s): 68.

**Decision rationale:** Per Chronic Pain Medical Treatment Guidelines Prilosec is Omeprazole, a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple (NSAID) non-steroidal anti-inflammatory drugs (e.g., NSAID + low-dose ASA). The patient in this case was not using NSAID medication and did not have any of the risk factors for a gastrointestinal event. The request is not medically necessary.