

<b>Case Number:</b>	CM13-0067499		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/11/1998
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Internal Medicine, 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:

The patient is a 59 year female who was injured on 7/11/1998. The patient's medical history includes atonic bladder requiring intermittent self catheterization, severe right hip degenerative changes with possible avascular necrosis, medication induced gastritis, depression and anxiety. Her surgical history includes spinal cord stimulator in 2000 with revision in 2006 and 2011, L5/S1 Laminectomy/discectomy x 2 in 1999 and L5-S total disc arthroplasty 2005, Lumbar post-laminectomy syndrome, and s/p cholecystectomy 2012. A note dated 2/4/14 noted that the patient has chronic abdominal pain associated with diarrhea despite having spinal cord stimulator revised. The patient is status post cholecystectomy in 2012. The patient was also stated to have a neurogenic bladder. An abdominal exam was not performed. It is noted that a CT abdomen dated 1/15/14 did not reveal an acute process in the abdomen. The plan was for the patient to follow up with [REDACTED], a gastroenterologist, for chronic gastritis. The patient had omeprazole on the medication list during that visit. She was not documented as using any NSAIDS. There is no mention in any of the notes that the patient has GERD, dyspepsia, history of peptic ulcer disease or GI bleeding. The only documentation is of medication induced gastritis, but no further explanation. The patient is not documented to have been benefiting from Omeprazole, and the patient is seeing a gastroenterologist of which there are no records that he recommends omeprazole. In a note written on 1/10/14, [REDACTED] is noted to attributed the patient's abdominal pain to narcotics and consideration should be given to intrathecal morphine pump.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th ed. McGraw Hill, 2006, the Physician's Desk Reference, 65th ed, www.RxList.com, ODG Workers Compensation Drug Formulary, Drugs.com, Epocrates Online, and the ACOEM Low Back; Table 2.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** The MTUS Chronic Pain Guidelines state medications such as omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician. Patients with peptic ulcer disease, GERD and dyspepsia might also benefit from proton pump inhibitors such as Prilosec. A note dated 2/4/14 states that the plan was for the patient to follow up with a gastroenterologist for chronic gastritis. The patient had Omeprazole on the medication list during that visit. She was not documented as using any NSAIDs. There is no mention in any of the notes that the patient has GERD, dyspepsia, history of peptic ulcer disease or GI bleeding. The only documentation is of medication induced gastritis, but no further explanation was provided for review. The patient is not documented to have been benefiting from Omeprazole use, and the patient is seeing a gastroenterologist of which there are no records that the gastroenterologist recommends Omeprazole. In accordance with the MTUS Chronic Pain Guidelines, the request for Prilosec is not medically necessary and appropriate.