

<b>Case Number:</b>	CM13-0067867		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	10/10/2003
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 claimant is a 54-year-old male who was injured on September 10, 2013. In the clinical document dated March 5, 2014, the claimant is documented as returning with complaints of neck pain, headaches, and numbness with tingling in the left thumb and index finger. There is no medical history of GI issues documented and the claimant is not documented as utilizing anti-inflammatories. The only pain medication currently being utilized is Vicodin 5/300 mg. The clinician does document an upset stomach from the following medications: Vicodin, Effexor, and Topamax. Previous clinical documents have indicated that the claimant was prescribed Prilosec for stomach protection while utilizing muscle relaxants. The review in question was rendered on December 17, 2013. The clinician noncertified the request for Omeprazole 20 mg noting that there was no documentation of GI distress or concurrent use of anti-inflammatories.

### 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 Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Section Page(s): 68.

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

**Decision rationale:** The MTUS addresses the use of proton pump inhibitors under NSAIDs and GI symptoms. The MTUS supports the use of proton pump inhibitors in individuals that are at an increased risk for gastrointestinal events. Based on clinical documentation provided, the claimant is not utilizing any oral anti-inflammatories and there is no documentation of increased risk of gastrointestinal events. As such, the request is considered not medically necessary.