

<b>Case Number:</b>	CM14-0005503		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/14/2004
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Occupational 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 49-year-old female who has submitted a claim for cervicgia, lumbar spinal stenosis at L4-L5, temporomandibular joint disorder status post anterior cervical discectomy and fusion associated with an industrial injury date of May 14, 2004. Medical records from 2003-2013 were reviewed. The patient had chronic neck, shoulder, low back and jaw pain. There were chronic headaches that occur approximately twice a week associated with cervical muscle spasms. There was also injury to her right shoulder rotator cuff. The lumbar spine pain was constant, greater than the right, aggravated by movement, and radiating more to the right lower extremity. There was joint pain, stiffness, muscle pain, and numbness in her neck, jaw, elbow, low back and shoulder. She has been clenching her teeth as a result of her chronic pain. Masticatory muscle pain was graded 6/10. Physical examination showed mild limitation of motion on the cervical spine and mild impingement on the right shoulder. MRI of the lumbar spine (undated) showed L4-L5 lumbar spinal stenosis with degenerative and hypertrophic facet joints at L4-L5 and L3-L4, with lateral recess stenosis present. Other physical examination findings and reports of imaging studies were lacking from the medical records. Treatment to date has included medications, physical therapy, pool therapy, psychiatric care, acupuncture, left elbow surgery and cervical spine surgery. Utilization review dated January 8, 2014 denied the request for Prilosec 20mg #120. Reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Omeprazole is a proton pump inhibitor that inhibits stomach acid production, used in the treatment of peptic ulcer disease and gastroesophageal reflux disease. The MTUS Chronic Pain Medical Treatment Guidelines recommends the use of proton pump inhibitors in those individuals: using multiple NSAIDs; high-dose NSAIDs; NSAIDs in conjunction with corticosteroids and/or anticoagulants; greater than 65 years of age; and those with history of peptic ulcer. In this case, the patient has been using Prilosec since September 2010. Recent medical records failed to provide evidence that patient has a high risk for gastrointestinal events. There were no complaints of GI upsets as well. The latest progress report on the medical records was June 12, 2013. The present clinical status of the patient is not known. Therefore, the request for Prilosec 20mg #120 is not medically necessary and appropriate.