

<b>Case Number:</b>	CM14-0007115		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	05/10/2011
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/31/2013
<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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 25-year-old male who reported an injury on 05/10/2011. The mechanism of injury was reported to be lifting. Per the clinical note dated 01/16/2014, the injured worker stated his symptoms had been unchanged since his injury. On physical exam of the cervical spine, there was tenderness to palpation over the bilateral cervical paraspinal muscles. There was no paraspinal process tenderness or masses palpable along the cervical spine. There was a negative Spurling's maneuver bilaterally. An examination of the lumbar spine revealed range of motion to forward flexion at 50 degrees, extension at 20 degrees, and side bending at 30 degrees bilaterally. There was normal strength testing for all major muscle groups of the lower extremities. No atrophy was noted. There was diminished sensation to the right L5-S1 dermatomes of the lower extremities. Reflexes were symmetrical at 2+/4 to the bilateral lower extremities. Diagnoses for the injured worker included cervicalgia, lumbago, chronic low back pain, bilateral buttocks hips pain, suspected discogenic low back pain, posterior L5-S1 disc protrusion, and left paracentral L4-5 disc protrusion. The request for authorization for medical treatment was not provided in the documentation. The provider's rationale for the request for Prilosec 20mg with 3 refills was not provided within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF PRILOSEC 20 MG WITH 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

**Decision rationale:** California MTUS Guidelines state the injured worker's risk for gastrointestinal events should be evaluated and determined if the injured worker is greater than 65 years; has a history of peptic ulcer, GI bleeding or perforation; or concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There was a lack of documentation regarding the efficacy of this medication or any clinical findings regarding gastrointestinal distress or other findings that would warrant the use of this medication. In addition, the guidelines recommend that this medication be taken at the lowest dose for the shortest possible amount of time. The requested medication is a higher dose, which is not recommended. Therefore, the request for the prescription of Prilosec 20 mg with 3 refills is not medically necessary.