

<b>Case Number:</b>	CM14-0008550		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	06/16/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Family 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 injured worker is a 47 year old female injured on 06/16/12 due to an undisclosed mechanism of injury. The patient's current diagnoses include status-post right shoulder arthroscopic surgery with residual adhesive capsulitis, a herniated cervical disc and radiculitis, and herniated lumbar disc with radiculopathy. Clinical note dated 12/13/13 indicates the injured worker presented complaining of pain in the right shoulder aggravated with overhead reaching in addition to back pain aggravated with lifting. Objective findings include decreased cervical range of motion, tightness in the cervical paraspinal musculature, and foraminal compression test positive. An examination of the shoulder revealed limited range of motion and internal rotation painful at 70 degrees. A lumbar spine examination revealed decreased range of motion and diminished reflexes of the ankles. The treatment plan includes epidural steroid injections in addition to medication management. Medications include Anaprox 550mg and Prilosec 20mg for gastritis secondary NSAID intake. The initial request for Prilosec 20mg #60 was initially non-certified on 01/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20MG, #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

**Decision rationale:** As noted in the Official Disability Guidelines, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Documentation indicates the patient has a history of prolonged NSAIDs and narcotics use indicating the potential for gastric irritation and need for protection. As such, the request for Prilosec 20MG, #60 is medically necessary.