

<b>Case Number:</b>	CM14-0100877		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 36 yo female who sustained an industrial injury on 07/18/2013. The mechanism of injury occurred when she was pulling a 100 pound box. Her diagnoses include left shoulder impingement syndrome, cervical radiculitis, and lumbar radiculitis. She complains of pain involving the left hip, low back, neck and shoulders. On physical exam there is spasm of the cervical spine with decreased range of motion and a trigger point on the left cervicotracheal ridge. Exam of the left shoulder revealed positive impingement and painful range of motion; forward flexion and abduction to 160 degrees, and tenderness to palpation at the acromioclavicular joint. Exam of the lumbar spine revealed spasm, limited range of motion and Lesegue sign negative. Treatment has included medications, a home exercise program and acupuncture. The treating provider has requested Prilosec 20mg #60.

### 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 Page(s): 68.

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

**Decision rationale:** Per the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. The claimant has no documented GI issues. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.