

<b>Case Number:</b>	CM14-0108226		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/14/2005
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 55-year-old female with a date of injury of 06/14/2005. The listed diagnoses per [REDACTED] are: 1. Lumbar spine sprain/strain. 2. Bilateral lower extremity radiculopathy. 3. DDD L4-L5, L5-S1. 4. Cervical spine sprain/strain. 5. Bilateral upper extremity radiculopathy, left greater than right. According to progress report 04/04/2014, the patient continues with low back pain and an increase in her neck pain. Examination of the lumbar spine revealed tenderness in the arm. Straight leg raise was negative. It was noted that the patient's neck pain radiates into the upper extremity. This report is handwritten and largely illegible. The treater is requesting a refill of Prilosec 20 mg #30. Utilization review denied the request on 06/27/2014. Treatment reports from 12/16/2013 through 04/04/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk: (Laine, 2006) (Scholmer. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain Chapter - Proton Pump inhibitors (PPI's)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines , Omeprazole Page(s): 68, 69.

**Decision rationale:** This patient presents with neck and low back pain. The treater is requesting a refill of Prilosec 20 mg #30. Utilization review denied the request stating, "There are some of the generic risk factors for GI upset with NSAIDs; however, it has not been established that she has actual GI symptoms with her oral medications." The MTUS Guidelines page 68 and 69 state that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Progress report 09/03/2013 indicates that the patient has history of GI upset associated with use of medications, but the medical records do not document that the patient is taking NSAID. The request is not medically necessary.