

<b>Case Number:</b>	CM14-0012352		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/01/2010
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 53-year-old female who has submitted a claim for tendinitis in the right wrist and hand, right carpal tunnel syndrome, chronic neck pain, right knee contusion, and lumbar spine strain, associated with an industrial injury date of September 1, 2010. Medical records from 2013 were reviewed, which showed that the patient complained of right wrist and hand pain. The patient rated the pain a 7/10 on a pain scale which also was associated with numbness and tingling. She also complained of neck pain rated at 6/10 on pain scale, low back pain rated 8/10 on pain scale, and right knee pain rated 6/10 on pain scale. She also reported weakness of the right foot and ankle with prolonged walking. On physical examination, there was spasm, painful range of motion of the cervical spine, and tenderness of the paraspinal muscles. A shoulder exam showed a healed incision. A right wrist and hand exam revealed tenderness and a positive Finkelstein's test with diminished sensation in the right median nerve distribution. A right knee exam revealed no effusion but there was painful range of motion. Treatment to date has included right shoulder arthroscopy, home exercise program, and medications including Anaprox 550 mg 1 tablet twice a day, and Prilosec 20 mg 1 tablet at bedtime (since December 2013).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20MG 1 TABLET AT BEDTIME #60 REFILL 3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for GI events. Risk factors for GI events include patients who are age 65 years or greater, history of peptic ulcer, GI bleeding or perforation, concurrent use of Aspirin (ASA), corticosteroids or anticoagulants and or high dose/multiple NSAIDs. In this case, the patient's age is not a risk factor for GI events. Furthermore, the records failed to provide evidence of history of peptic ulcer or GI bleeding and there was no concurrent use of ASA, corticosteroids or anticoagulants. Moreover, the patient was noted to be taking the usual dosage of Naproxen. There is no evidence that the patient is at intermediate risk for GI events. Therefore, the request for Prilosec 20 mg 1 tablet at bedtime #60 with 3 refills is not medically necessary.