

<b>Case Number:</b>	CM14-0013838		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 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:

This is a 52-year-old male with a 3/14/12 date of injury. The mechanism of injury was not noted. In a progress note dated 1/3/14, the patient complained of severe right lower extremity pain and swelling. The patient also reported pain in the neck and mid-back. Physical exam revealed decreased cervical range of motion. There were numerous trigger points in the cervical paraspinal muscles. Lumbar examination revealed decreased lumbar range of motion. There was tenderness to palpation and decreased sensation to the posterior thigh and posterior calf. An objective impression includes right lower extremity radiculopathy, status post left L5-S1 microdiscectomy, cervical myoligamentous injury, left knee acute myoligamentous injury and medication induced gastritis. Treatment to date has included medication management, activity modification and surgery. A UR decision dated 1/16/14 denied the request for Prilosec. Guidelines recommend omeprazole for patients at risk of gastrointestinal events. Patient risk factors for gastrointestinal events include: older than 65, history of peptic ulcer, GI bleeding or perforation, gastrointestinal esophageal reflux disorder (GERD), concurrent use of ASA, corticosteroids and/or and anticoagulant or high doses/multiple NSAID use. The provided records do not indicate that the patient suffers from any of the above-mentioned risk factors. In addition, there is no evidence provided that the patient suffers from dyspepsia as a result of the present medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC #60 (DATE OF SERVICE 1/3/14):** Overturned

**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 Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter and Food and Drug Administration (FDA), Prilosec.

**Decision rationale:** MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. This patient has been on Anaprox DS 550mg dating back to at least 7/15/13, the beginning of the provided reports. It is documented in multiple progress notes that the patient suffers from medication-induced gastritis. Guidelines support the use of Prilosec to prevent and treat gastric irritation common in patients utilizing chronic NSAID therapy. The strength of the medication is not specified in the request, however, in the progress note dated 1/3/14, the doctor requests Prilosec 20 mg, 1 tablet twice a day. Therefore, the request for Prilosec #60 (date of service 1/3/14) was medically necessary.