

<b>Case Number:</b>	CM14-0014653		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	02/09/2005
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 Pain Medicine, and is licensed to practice in Texas and Ohio. 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 57-year-old female with a reported date of injury on 02/09/2005. The injured worker presented with persistent pain in the right hip joint. According to the clinical note dated 12/26/2013, the injured worker had a negative lumbar MRI (magnetic resonance imaging) in 2005. An MRI on 10/19/2012 of the right hip revealed a probable small tear of the right labrum. Within the documentation dated 11/15/2013, it was revealed that the injured worker had a fluoroscopy-guided hip injection which decreased her pain from a 7/10 to a 2/10. According to the clinical note dated 12/26/2013, the injured worker has been referred for a laparoscopic hip surgery. The diagnoses included low back pain and chronic right hip joint pain. The injured worker's medication regimen included Motrin and Prilosec. The authorization for the prospective request for 1 prescription of Prilosec 20mg #90 was submitted on 02/05/2014. Within the clinical note dated 10/31/2013, the physician noted that if the injured worker did not utilize Prilosec, she would have a lot of stomach irritation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF PRILOSEC 20MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Omeprazole (Prilosec),. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk Page(s): 68.

**Decision rationale:** According to the California MTUS Guidelines, proton pump inhibitors are recommended in injured workers who are determined to be at risk for gastrointestinal events. The criteria for the determination would include the injured worker would be greater than 65 years of age, have a history of peptic ulcer, gastrointestinal (GI) bleeding or perforation and/or high dose of multiple non-steroidal anti-inflammatory drugs (NSAIDs). Proton pump inhibitors would be recommend for injured workers with a high risk of GI upset. According to the clinical information provided for review, the injured worker has been utilizing Prilosec prior to 09/04/2013. According to the clinical note dated 09/04/2013, the physician noted that Motrin and Prilosec have been tolerated well and being used regularly. However, the clinical information provided did not support the patient was at risk for gastrointestinal events, did not have a history of peptic ulcer, GI bleeding or perforation and was over the age of 65 to meet guideline criteria for the requested medication. Also, the frequency of the medication of was not provided. Therefore, the prospective request for one (1) prescription of Prilosec 20mg #90 is non-certified.