

<b>Case Number:</b>	CM14-0110775		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/24/2002
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 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 53 year old female who was injured on 01/24/2002. The mechanism of injury is unknown. Prior treatment history has included Vicoprofen, TENS, and Prilosec. Progress report dated 04/17/2014, states the patient complained of pain in the cervical spine and also low back pain. She reported burning pain as well as myofascial pain. The use of a TENS unit helps to alleviate her pain. On exam, the lumbar spine revealed spasm as well as painful range of motion. Straight leg raise is positive bilaterally at 90 degrees. The cervical spine revealed spasm and decreased range of motion. There is facet tenderness and moderate trapezial spasm noted as well. The patient is diagnosed with lumbar discogenic disease, chronic low back pain, cervical discogenic disease, chronic cervical spine sprain/strain, and left lateral epicondylitis. She was recommended to continue with her Prilosec 20 mg twice daily to counteract effects of other medications on gastrointestinal (GI) and Vicoprofen for pain and inflammation. Prior utilization review dated 06/26/2014 states the request for Prilosec 20 mg #60 is denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The guidelines recommend Proton-pump inhibitor (PPI) therapy for patients at risk for adverse gastrointestinal (GI) events on non-steroidal anti-inflammatory drugs (NSAIDs) or for patients with certain GI conditions such as dyspepsia, PUD, GERD etc. Risk factors for GI events for patients on NSAIDs include age > 65, history of GIB, history of PUD, history of perforation, concurrent use of aspirin, concurrent use of steroids, concurrent use of anticoagulants, or high dose/multiple NSAIDs. The guidelines state that PPI are often over-prescribed without proper indication and the side effect potentials are not properly evaluated by prescribing physicians. The clinical notes did not identify a clear indication for PPI therapy that fits within the current guidelines. The clinical documents did not identify a GI condition which requires PPI therapy or identify the patient as increased risk for adverse GI events. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.