

<b>Case Number:</b>	CM14-0125702		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	09/23/2009
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 and Rehabilitation 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 41 year old female who was injured in motor vehicle accident on 09/23/2009. Prior medication history included Oxycodone, Lyrica, Voltaren ointment and PrilosecProgress report dated 07/28/2013 states the patient is status post left lumbar sympathetic injection on 07/01/2014 which provided her with 70% improvement in symptoms. Her medications were decreased by 20% and functional ability has increased moderately with increase in activity level and endurance. Her walking tolerance before epidural was to a half of a block and is now up 2 to 3 blocks. Her sleeping habits pre-epidural were 2 hours and after epidural is 6 hours. On exam, straight leg raise is negative. Swelling in the left leg has improved. She is diagnosed with CRPS of the left leg and obesity. Plan includes weight watchers or Medifast, home exercise, medications of Oxycodone, Prilosec and Lyrica, and reevaluate in one month. Prior utilization review dated 07/22/2014 by [REDACTED] states the request for Prilosec 20MG 30X1 capsule Bottle is modified to certify Prilosec 30 mg with no refill because the documentation indicated that this patient was using Prilosec for GI upset, but there was no documentation of subjective complaints or objective findings to support the indication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20MG BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug, Opioids Page(s): 75,78-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton Pump Inhibitors (PPIs).

**Decision rationale:** The California MTUS guidelines state medications such as Omeprazole may be indicated for patients at risk for gastrointestinal events, which are: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). However, none of the above listed criteria apply to this patient. The medical records do not establish this patient is at significant risk for GI events. Omeprazole is not medically indicated based on the available medical records. The patient is not taking NSAID now or report GI upset in the subjective complaints or objective findings. I agree with the utilization review dated 07/22/2014 by [REDACTED] and the decision to modify the request for Prilosec unless there is documentation of subjective complaints or objective findings to indicate that this patient was using Prilosec for GI upset. Therefore, this request is not medically necessary.