

<b>Case Number:</b>	CM14-0127992		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	04/11/2008
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Nevada. 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 records presented for review indicate that this 26-year-old female was reportedly injured on April 11, 2008. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated July 7, 2014, indicates that there are ongoing complaints of stomach pain and gastroesophageal reflux. Current medications were stated to include Ambien, Prilosec, Maxalt, Lexapro, Reglan, and Topamax. No physical examination was performed on this date. Diagnostic imaging studies of the sacrum and coccyx indicated surgical evidence of the coccyx removal. Previous treatment includes surgical removal of the coccyx. A request had been made for Prilosec and was not certified in the pre-authorization process on August 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Prilosec 20mg #120 capsules (7/7/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Proton Pump Inhibitor Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 68-69.

**Decision rationale:** Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals

utilizing non-steroidal anti-inflammatory medications. Gastritis has been documented as a diagnosis for this claimant. Therefore, this request for Prilosec is not medically necessary.