

<b>Case Number:</b>	CM14-0130249		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	07/27/1993
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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, has a subspecialty in Interventional Spine 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 72 year old female with date of injury 7/27/93. The treating physician report dated 7/2/14 indicates that the patient presents with chronic pain affecting the neck with radiation of pain down both arms. The pain on medications is rated a 1-2/10 and 6/10 without medications. Current medications are: Ambien, Lidoderm Patch, Lorazepam, Nortriptyline, Tramadol, Prilosec, Ultram, Atenolol and Hydrochlorothiazide. The physical examination findings reveal limited cervical ranges of motion, paravertebral muscle tenderness, positive Spurling's test and significant cervical facet tenderness at C2/3. The current diagnoses are: 1.Cervical spinal stenosis2.Spasm of muscle3.Extremity Pain4.Cervical pain5.Occipital NeuralgiaThe utilization review report dated 7/17/14 denied the request for Prilosec 20mg #30 based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30 x 1 CAP bottle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** The patient presents with chronic neck pain with radiation of pain into the arms bilaterally. The current request is for Prilosec 20 mg #30 times 1 CAP bottle. The primary treating physician reports reviewed do not state that the patient suffers with any gastrointestinal disorders or dyspepsia. The patient is taking Ambien, Lidoderm Patch, Lorazepam, Nortriptyline, Tramadol, Prilosec, Ultram, Atenolol and Hydrochlorothiazide with no indications for an H2-receptor antagonist or a PPI. MTUS supports the usage of Proton Pump Inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The treater in this case has not documented that the patient is at risk or currently experiencing any G/I side effects. The request is not medically necessary.