

<b>Case Number:</b>	CM14-0135374		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	01/05/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 58 year old male who reported an injury on 01/05/2013. The mechanism of injury was reported as a fall backwards while on a conveyor belt. His diagnoses included head injury, post-concussion syndrome, adjustment disorder with depressed mood, chronic pain syndrome, cervical radiculopathy, cervical disc degeneration, and lumbosacral sprain. His previous treatments included chiropractic adjustments, exercise therapy, stretching, heat/ice, and traction physical therapy. He had an MRI of the lumbar spine on 06/18/2014 which showed 2 levels of intervertebral disc disease at L4-L5 and L5-S1. He also had a CT of the head on 01/05/2013. The surgical history was not provided. On 06/03/2014, the injured worker's medication was changed from Pantoprazole 20mg to Prilosec over the counter 1 tablet daily to hopefully get a "little more efficacy in terms of his dyspepsia". The note from 07/15/2014 reported the injured worker complained his pain had worsened. On examination, the injured worker was noted to have decreased and painful range of motion of the lumbar and cervical spine as well as trigger points in the lumbar spine. His medications included Norco 10/325mg 1 tablet every 12 hours, Tizanidine HCl 4mg 1 tablet twice daily, Prilosec over the counter 20mg 1 tablet daily, and Quazepam 15mg 1 tablet by mouth daily. The treatment plan was for Prilosec over the counter 20mg #30. The rationale for request was not provided. The request for authorization form was submitted 07/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec OTC 20mg, QTY: 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk 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:** Based on the clinical information submitted for review, the request for Prilosec over the counter 20mg #30 is not medically necessary. As stated in California MTUS Guidelines, the clinician should determine if the patient is at risk for gastrointestinal events to include age greater than 65 years old; history of peptic ulcer; gastrointestinal bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. It was noted the injured worker had a hard time tolerating NSAIDs so he was taken off of them. He was switched from Pantoprazole 20mg to Prilosec over the counter on 06/03/2014 to hopefully get a "little more efficacy in terms of his dyspepsia". The guidelines indicate the physician should determine if the injured worker is at risk for gastrointestinal events. There is a lack of documentation indicating the injured worker had a history of peptic ulcer, gastrointestinal bleeding, or perforation. Furthermore, his medications listed in his most recent visit do not include an NSAID. The clinical documentation submitted does not specify that the injured worker had dyspepsia or was experiencing current GI problems. It was only mentioned when his medication was switched from Pantoprazole to Prilosec over the counter on 06/03/2014. The efficacy of the medication was not provided and there was a lack of rationale provided to support the necessity of the medication given the injured worker is no longer taking NSAIDS. Also, the request failed to provide sufficient information as to the frequency of the medication. As such, the request for Prilosec over the counter 20mg #30 is not medically necessary.