

<b>Case Number:</b>	CM14-0137395		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/08/1997
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 59 year old female who was injured on 12/08/2008 when she caught her legs between the rollers of a conveyor and sustained a fracture. Prior medication history included Prilosec 30 mg, Senokot, Paxil, Valium, Methadone, Norco, and Lidocaine patches. According to the UR, the patient is noted as having GI upset due to oral medication usage. In reviewing the medical record, there are no other findings to support the request. Prior utilization review dated 07/23/2014 states the request for Prevacid 30mg #60 is denied as there is no indication that first line treatment has failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prevacid 30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, and GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:  
<http://www.drugs.com/pro/prevacid.html>

**Decision rationale:** The guidelines recommend PPI therapy for patients at risk for GI events on NSAID therapy or for patients with GERD, peptic ulcer disease (PUD), or several other GI disorders. The clinical notes did not adequately discuss the indication for PPI therapy. It does not appear the patient is on NSAID therapy with risk factors for GI events. There was a lack of subjective/objective findings to warrant proton pump inhibitor (PPI) use. The notes document the patient has been taking Prilosec but it is unclear if the patient has had relief of any GI symptoms. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.