

<b>Case Number:</b>	CM14-0151279		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	10/23/2005
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Pain Management 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:

This is a patient with a date of injury of October 23, 2005. A utilization review determination dated August 21, 2014 recommends non-certification of Prilosec. A progress report dated May 9, 2014 identifies subjective complaints of pain in the neck and lower back. Diagnoses include cervical strain with herniated cervical disc and lumbar strain with herniated lumbar disc. The treatment plan recommends Norco, Ultram, Anaprox 550 mg twice daily, and Prilosec 20 mg once daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg 1 tablet bid count #120 refills: 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitor.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

**Decision rationale:** Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID

therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, it does appear the patient is taking high-dose NSAIDs. This would put him in a risk category for G.I. complications from the medication. As such, the use of omeprazole may be reasonable. However, the requesting physician has stated that the patient uses Prilosec once daily. The currently requested #120 pills with 3 refills would therefore be a 1 1/2 year supply of medication. There is no statement indicating that the requesting physician anticipates continuing the patient on high-dose NSAIDs for that duration of time. Unfortunately, there is no provision to modify the current request. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.