

<b>Case Number:</b>	CM14-0159703		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	09/20/2008
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 20, 2008. The applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of manipulative therapy; adjuvant medications; and extensive periods of time off of work. In a Utilization Review Report dated September 22, 2014, the claims administrator partially approved/conditionally approved a request for Prilosec 20 mg #30 with three refills as Prilosec 20 mg #30 with no refills on the grounds that the applicant had a followup appointment within a month. The applicant's attorney subsequently appealed. In an August 11, 2014 progress note, the applicant reported ongoing complaints of low back, leg, and ankle pain, 7-9/10. The applicant was using oral contraception, Topamax, Prilosec, Norco, Zanaflex, Naprosyn, hydrochlorothiazide, and Cymbalta, it was stated. The past medical history section of the report was reportedly negative for gastritis, it was stated on this occasion. The applicant was still smoking a half pack of cigarettes daily, it was acknowledged. The applicant was severely obese, with a BMI of 42. Multiple medications, including Norco, Zanaflex, Naprosyn, Cymbalta, Prilosec, Topamax, and oral contraception were renewed while the applicant was placed off of work, on total temporary disability. Twelve sessions of chiropractic manipulative therapy were endorsed. The applicant was 47 years old, it was noted. The applicant's gastrointestinal review of systems was described as negative, it was acknowledged. The applicant had a negative GI history; it was further noted in another section of the report. In a prior note dated July 7, 2014, the applicant reported multifocal complaints of pain about the back, leg, and ankle, 7-8/10. The applicant was using Cymbalta, hydrochlorothiazide, Naprosyn, Norco, Prilosec, Sprintec, Topamax, and Zanaflex, it was acknowledged on this occasion. It was further noted that the

applicant's past medical history was negative for gastritis and that the applicant explicitly denied any gastrointestinal issues on GI review of systems. The applicant was still smoking, it was acknowledged. Multiple medications, including the Prilosec at issue, were renewed while the applicant was kept off of work, on total temporary disability. In an earlier note of June 6, 2014, the applicant was described as having ongoing complaints of back and leg pain. The applicant again reported a negative GI history in the past medical history section of the report and explicitly denied any GI symptoms in the gastrointestinal review of systems section. The applicant was again placed off of work, on total temporary disability, on this occasion.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prilosec 20 mg # 30 with no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 68-69.

**Decision rationale:** While page 69 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of non-steroidal anti-inflammatory drugs (NSAID)-induced dyspepsia, in this case, however, the attending providers documentation did not establish the presence of any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. Several progress notes, referenced above, in August, July, and June 2014 were notable for comments that the applicant explicitly denied any GI history in the past medical history section of the note and denied any gastrointestinal symptoms in the review of systems section of the note. The applicant likewise does not seemingly meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic use of proton pump inhibitors. Specifically, the applicant has no history of GI bleeding, no history of peptic ulcer disease, is not using multiple NSAIDs, is not using NSAIDs in conjunction with corticosteroids, and is less than 65 years old (age 47). Therefore, the request for Prilosec is not medically necessary.