

<b>Case Number:</b>	CM14-0160703		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	06/11/2014
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 51-year-old male with a date of injury of 06/11/2014. The listed diagnoses per [REDACTED] are: 1. History of nasal injury with laceration. 2. Subjective complaints of eye injury. 3. Cervical spine sprain/strain. 4. Clinical left upper extremity radiculopathy. 5. Right wrist sprain/strain. 6. Lumbar sprain/strain. According to progress report 07/08/2014, the patient presents with constant pain and stiffness to his cervical spine radiating to the left upper extremity, with numbness and tingling to the left arm and hand. He also reports daily headaches, dizziness, and ongoing blurred vision and pain to his nose. Examination of the cervical spine and upper extremity revealed tenderness to palpation over the para-axial musculature, left trapezius and left levator scapula. Range of motion of the cervical spine was limited on all planes. Sensory response over the C5, C6, and C7 nerve roots is within normal limits. Under treatment recommendations, it is noted that "the patient's treatment will consist of symptomatic medications. Prescriptions have been written for Soma, naproxen, and Prilosec." Treatment reports from 06/12/2014 through 07/08/2014 were provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

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

**Decision rationale:** This patient presents with neck pain that radiates into the left upper extremity. The treater is requesting Prilosec 20 mg #30. This is an initial request for this medication. The treater is prescribing Prilosec concurrently with naproxen. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, the treater does not document dyspepsia or GI issues to warrant the use of Prilosec. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. Recommendation is for denial.