

<b>Case Number:</b>	CM14-0164211		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Family 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 29 year-old woman who was injured at work on 5/12/2014. The injury was primarily to her lower back and left shoulder. She is requesting review of denial for Prilosec 20mg Twice Daily #60 tablets. Medical records corroborate ongoing care for her injuries. Her chronic diagnoses include: Left Shoulder Muscle Strain; and Lumbosacral Back Strain. She was treated with NSAIDs, muscle relaxants, opioids, modified work activity and physical therapy. Radiographs of her lumbar spine were reported as normal. It was stated that the patient could not tolerate "nabumetone and methocarbamol due to side effects."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg twice daily #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Side Effects Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton Pump Inhibitors.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment and the Official Disability Guidelines comment on the use of proton pump inhibitors (PPIs), such as Prilosec, in patient

who are taking NSAIDs. These criteria indicate that clinicians should determine if the patient is at risk for a gastrointestinal (GI) event. Risk factors for a GI event include the following: Age greater than 65 years; History of a Peptic Ulcer, GI Bleeding or Perforation; Concurrent use of ASA, Corticosteroids, and/or an Anticoagulant; or High Dose/Multiple NSAIDs. In patients determined to be at intermediate or high-risk for a GI event, an NSAID with a PPI is appropriate. In reviewing the medical records, there is no documentation that indicates that this patient meets these stated criteria for intermediate or high-risk. There is no documentation other than what is documented above in the case history, that the patient could not tolerate a specific NSAID (nabumetone). The dose of Prilosec that is requested exceeds the guideline recommendations for the treatment of intermediate or high-risk patients. In summary, the use of the PPI, Prilosec, is therefore not considered as medically necessary.