

<b>Case Number:</b>	CM14-0164593		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	09/26/2012
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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:

According to the records made available for review, this is a 52-year-old female with a 9/26/12 date of injury. At the time (8/25/14) of request for authorization for Retrospective Prilosec 20mg #60 DOS 08/25/2014, there is documentation of subjective (low back and knee pain) and objective (tenderness over low back and buttocks and decreased lumbar range of motion) findings, current diagnoses (lumbar degenerative disc disease with radiculopathy, low back strain, myofascial pain syndrome, and chronic pain syndrome), and treatment to date (medications (including ongoing treatment with Ibuprofen, Prilosec, and Nortriptyline)). Medical report identifies a request for Prilosec as needed for gastrointestinal upset. There is no documentation of risk for gastrointestinal event (high dose/multiple NSAID).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Prilosec 20mg #60 DOS 08/25/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors (PPIs)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Prilosec. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease with radiculopathy, low back strain, myofascial pain syndrome, and chronic pain syndrome. In addition, there is documentation of ongoing treatment with Prilosec. However, despite documentation of a request for Prilosec as needed for gastrointestinal upset and ongoing treatment with NSAID, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for Retrospective prilosec 20mg #60 DOS 08/25/2014 is not medically necessary.