

<b>Case Number:</b>	CM14-0175161		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	11/11/2008
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 & Rehabilitation 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 31 year-old patient sustained an injury on 11/11/08 while employed by [REDACTED]. Request(s) under consideration include 1 Prescription for Prilosec 20mg #30. The patient continues to treat for chronic neck, low back, and right hand pain s/p partial amputation of third distal phalanx. Report of 9/17/14 from the provider noted the patient with ongoing unchanged symptoms of stiffness and pain rated at 7-8/10. The patient noted continued right hand pain with difficulty performing hand functions along with radiating muscle spasm to right shoulder. Exam showed diffuse tenderness and limited range of the cervical and lumbar spine; tenderness at right forearm extensor tendon; fixed flexion deformity at right third digit of distal finger joint. Medications list Ultram, Anaprox, Prilosec, and Neurontin which reduced pain to 5/10 and allow for improved sleep and ADLs. Treatment included referral to hand surgeon along with medication refills. The request(s) for 1 Prescription for Prilosec 20mg #30 was non-certified on 10/10/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors (PPIs).

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

**Decision rationale:** Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The 1 Prescription for Prilosec 20mg #30 is not medically necessary and appropriate.