MAXIMUS Federal Services

| Case Number: | CM14-0181082 | | |
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| Date Assigned: | 11/06/2014 | Date of Injury: | 03/30/2013 |
| Decision Date: | 12/26/2014 | UR Denial Date: | 10/09/2014 |
| Priority: | Standard | Application Received: | 10/31/2014 |

## 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 Internal 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 injured worker (IW) is a 34-year-old woman who sustained an industrial injury on March 30, 2013. The mechanism of injury occurred when the IW lifted a case of 2-liter soda bottles. She felt a sharp pain in her back. The diagnosis of low back strain was made. The MRI showed some disc degeneration at L5-S1 with a disc fragment. She underwent a lumbar epidural steroid injection (ESI) at the left L4 and L5 transforaminal epidural space on October 2, 2014. She reports 70% improvement in pain. Pursuant to the Pain Medicine follow-up progress note dated October 17, 2014, the IW reports decreased need for medications and increased activity tolerance due to pain relief from the ESI dated October 2, 2014. She is performing a home exercise program, and is wearing a back brace. There were no subjective complaints. Physical examination revealed bilateral paraspinal tenderness. Straight leg test is negative on the left. Lumbar range of motion is restricted in all planes due to pain. The IW has been diagnosed with lumbar disc degeneration, lumbar radiculopathy, and lumbar facet syndrome. The only medication listed is Tramadol. The injured worker's past medical history is negative. The recommendation is for the IW to continue her HEP, and aquatic therapy. There was no discussion of using Prilosec in the record.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg, take QD, count #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAI and GI Effects

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg one daily, #60 is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are taken by patients who are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65 years; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, or steroids; or high dose/multiple non-steroidal anti-inflammatory drug use. In this case, the injured worker is being treated for lumbar disc disease, lumbar radiculopathy and lumbar facet syndrome. A review of the medical record showed the injured worker's past medical history is not notable for any of the comorbid conditions enumerated above. Specifically, there is no history of peptic ulcer, G.I. bleeding, perforation, concurrent use of aspirin or steroids or high dose for multiple non-steroidal anti-inflammatory drug use. Consequently, proton pump inhibitors are not medically necessary. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Prilosec 20 mg one daily #60 is not medically necessary.