

<b>Case Number:</b>	CM14-0182788		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Ohio. 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 is a 49-year-old female with a date of injury at October 15, 2010. She complains of low back pain with spasm, right foot pain, and chronic abdominal wall pain. She has primarily taken Soma for her pain and spasm. She has been prescribed Prilosec for symptoms of gastroesophageal reflux disease. The physical exam reveals some lumbar spine tenderness, painful lumbar range of motion, and limited lumbar flexion to 40. She also has severe right plantar fascial tenderness. The diagnoses include chronic left abdominal wall pain with possible anterior cutaneous nerve entrapment and myofascial symptoms, chronic lumbar strain/sprain, lumbar radiculitis, and right-sided plantar fasciitis. A CT scan of the abdomen from November 11, 2010 was normal. A note from September 22, 2014 states that the injured worker continued to report abdominal discomfort.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg, QTY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

**Decision rationale:** The Official Disability Guidelines recommend the use of proton pump inhibitors like Prilosec to help prevent gastrointestinal events like gastric ulceration if the patient has one or more of the following risk factors: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. In this instance, the injured worker has none of these risk factors. While Prilosec does have an FDA indication for gastroesophageal reflux disease, the referenced guidelines do not recognize the use of proton pump inhibitors for indications other than the prevention of gastric ulceration. Additionally, it is evident that the injured worker has chronic abdominal wall pain which is quite different from gastroesophageal reflux disease. Also, there is no documentation that the injured worker has been prescribed a nonsteroidal anti-inflammatory drug. Therefore, Prilosec 20 mg, quantity number 30, per the referenced guidelines this request is not medically necessary.