

<b>Case Number:</b>	CM14-0022098		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	05/30/2008
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 New Jersey. 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 worker is a 46 year old female who was injured on 5/30/08 causing right elbow and cervical pain as well as back pain and bilateral upper arm pain. She was later diagnosed with cervical radiculopathy. She was treated with physical therapy, home exercises, injections, TENS unit, massage, surgery, and medications including Theramine, isometheptene, muscle relaxants, NSAIDs, topical analgesics, and opioids. The worker also has a significant history of anemia, bowel dysfunction, depression, anxiety, and panic attacks with a history of having suicidal thoughts which included 2 suicide attempts. Her depression and anxiety had become disabling according to her physician's reports, and she had used various medications including benzodiazepines, sleep aids, and anti-depressants which seemed to help. She had been on many trials of medications to treat her depression and anxiety, and has not tolerated most of them (mostly stomach irritation or insomnia). She most recently had been taking and tolerating Zoloft and Trazodone and recently prescribed Klonopin to replace Ativan and her physicians had been adjusting her medications and doses to attempt to use the most effective regimen for her symptoms. She also had been prescribed and taking Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20MG, #60 WITH 4 REFILLS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The MTUS Guidelines state that to warrant using proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, she had been using Ibuprofen 800 mg up to three times daily, which is a high dose. Although there is no documentation of a specific gastric issue with this worker to warrant use of a PPI directly, her high dose NSAID use fulfills criteria for its use. Therefore, the request for Prilosec 20mg, #60 with 4 refills is medically necessary and appropriate.