

<b>Case Number:</b>	CM14-0022519		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	02/07/2003
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/12/2014
<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 Internal 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 56 year old female who was injured on 2/7/2003. She was diagnosed with lumbar radiculopathy, SI joint pain, lumbar facet joint arthropathy, lumbar post-laminectomy syndrome, and lumbar strain and sprain, and has been experiencing chronic back pain for years. She was treated with nerve stimulation, surgery (L4-L5 fusion), nerve radioablation, oral pain medications, anti-depressants, and anti-anxiety medication. She was seen by her pain specialist physician on 2/4/14 for her regular visit complaining of her usual lower back pain with radiation into the left leg with numbness. Her pain was reportedly rated at a 9/10 on a pain scale. Her medications were reviewed and included Docusate, Cymbalta, omeprazole, Fiorinal, oxycodone, and Ativan. She was recommended to continue her current medications, do a urine drug screen, and an in-office spinal cord stimulator was also recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20MG, #30 WITH 4 REFILLS:** Upheld

**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. No recommendations are made in the MTUS to use PPIs with any other drug class. In the case of this worker, she had been using omeprazole for her reported industrial drug use which did not include an NSAID at the time of the request. No evidence of NSAID use was seen in the documents provided. Long-term use of PPI is not recommended for symptomatic relief only, without meeting criteria for use, and brings with it significant side effect risk, and the Prilosec 20mg, #30 with 4 refills is not medically necessary in this case.