

<b>Case Number:</b>	CM14-0025110		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/08/2007
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 36 year old male who reported an injury on 05/08/07 when he was involved in a motor vehicle accident. The injured worker sustained injuries to his neck, low back, abdomen, and left flank. The agreed medical examination dated 12/08/08 indicates the injured worker complaining of abdominal pain with constipation. The injured worker was also diagnosed with an anal fissure. The injured worker was also identified as having a sleep disorder as well as sexual dysfunction. There is an indication the injured worker had previously undergone two Cortisone injections in April of 2008 and again in May of 2008 resulting in severe constipation. The injured worker was also identified as having utilized Vicodin three times a day. The injured worker reported bowel movements every 3-4 days at that time. The agreed medical examination dated 12/24/09 indicates the injured worker continuing with an anal fissure as well as constipation and difficulty with bowel movements. The clinical note dated 08/07/13 indicates the injured worker continuing with complaints of abdominal pain. There is an indication there was a decrease in the abdominal pain. The injured worker continued with the use of Omeprazole and Carafate. The injured worker was also identified as having been seen by a gastrointestinal specialist. The note does indicate the injured worker continuing with complaints of low back pain at that time. The urine drug screen completed on 09/23/13 revealed inconsistent findings with the injured worker's use of Hydrocodone. The note indicates the injured worker had been prescribed the use of Hydrocodone but none was detected. The utilization review dated 07/09/14 resulted in a modified certification for the use of Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROSPECTIVE REQUEST FOR PRILOSEC 20MG #60 WITH ONE REFILL: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System guidelines, "Gastroesophageal reflux disease".

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton pump inhibitors.

**Decision rationale:** The request for Prilosec 20mg #60 with one refill is not medically necessary. The documentation indicates the injured worker having a history of gastrointestinal issues along with difficulty with hard bowel movements secondary to the continued use of opioid therapy. Previous reviews have resulted in approval and a subsequent partial approval for the use of Omeprazole. The patient has been identified as having a significant past medical history involving GI issues with bowel movement difficulty. However, no updated information was submitted regarding the ongoing need to address the GI complaints. Furthermore, long-term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.