

<b>Case Number:</b>	CM14-0026554		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/20/1999
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 28, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; left and right shoulder surgeries; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated February 28, 2014, the claims administrator denied a request for Prilosec. The applicant's attorney subsequently appealed. In a prescription form dated May 18, 2012, the applicant was given prescriptions for Naprosyn, Flexeril, Norco, and Ultracet through preprinted checkboxes. No narrative commentary was attached. On July 3, 2013, the applicant was given prescriptions for Norco, tramadol, and Prilosec. Multiple refills were issued. Permanent work restrictions were renewed. It was suggested that Prilosec was being employed for gastric protective purposes. The applicant was 53 years old as of this date. A lumbar support was also endorsed. On October 4, 2013, the attending provider stated that the applicant would be prescribed Prilosec for dyspepsia secondary to NSAID usage. There was no mention of medication efficacy. On January 3, 2014, the attending provider again refilled Norco, Prilosec, Naprosyn, and tramadol, again without any explicit discussion of medication efficacy. The attending provider stated that the applicant was using Prilosec for NSAID-induced dyspepsia. On April 2, 2014, the attending provider stated that the applicant should employ Prilosec daily for gastric protective effect. The applicant was also given refills of Norco, Tramadol, Naprosyn, Flexeril, and several topical compounded creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20 MG # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, the attending provider did not make it clear whether Prilosec was being employed for gastric protective effect or for actual symptoms of dyspepsia. While page 68 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges that certain individuals should employ proton pump inhibitors prophylactically in conjunction with NSAIDs, in this case, however, the applicant does not appear to be an individual who meets criteria for prophylactic use of proton pump inhibitors. The applicant is less than 65 years of age (aged 53-54), is only using one NSAID, Naprosyn, is not using NSAIDs in conjunction with corticosteroids, and does not have any history of prior GI bleeding or peptic ulcer disease. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has not stated how (or if) Prilosec has been effective. Rather, the attending provider simply refilled Prilosec from visit to visit. The attending provider's own reporting of whether or not the applicant is having actual symptoms of dyspepsia versus is using Prilosec for gastric protective effect is, at best, incongruous and, at times, contradictory. Therefore, the request is not medically necessary.