

<b>Case Number:</b>	CM14-0028180		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/03/2010
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 low back pain reportedly associated with an industrial injury of July 3, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; muscle relaxants; and extensive periods of time off of work. In a Utilization Review Report dated February 6, 2014, the claims administrator apparent approved a variety of medications, including ibuprofen, Cymbalta, and tizanidine while denying a request for Prilosec. The claims administrator did not incorporate cited guidelines into its rationale. The applicant's attorney subsequently appealed. A September 26, 2013 progress note was notable for comments that the applicant was using Norco, Motrin, omeprazole, and tizanidine at that point in time. There was no mention of reflex, heartburn, and/or dyspepsia raised on that note. On December 9, 2013, the applicant was declared permanent and stationary. It was stated that Prilosec would be continued at 20 mg daily "for her heartburn."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20 MG:** Overturned

**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 topic Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant is apparently having ongoing issues with dyspepsia and heartburn, either NSAID-induced or stand-alone. Therefore, the request is medically necessary.