

<b>Case Number:</b>	CM14-0033121		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/25/2006
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 and Rehabilitation has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 9/25/06. A utilization review determination dated 2/12/14 recommends non-certification of Prilosec. 11/1/13 medical report identifies mild relief with Limbrel. Patient defers narcotic pain medication due to drowsiness. Pain is 6.5/10 and she complains of some mild GI upset. On exam, there is a slow antalgic gait, positive myofascial triggers with referred pain to anterior chest, and decreased sensation at L5/S1. ROM is limited. A trial of Prilosec was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec (amount unspecified):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 – 9792.26 MTUS (Effective July 18, 2009) Page 68-69 of 127.

**Decision rationale:** Regarding the request for Prilosec, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is documentation of some mild GI upset consistent with dyspepsia secondary to medication use. In light of the above, the currently requested Prilosec is medically necessary.

