

<b>Case Number:</b>	CM14-0033902		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/24/2004
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 24, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; proton pump inhibitors; and epidural steroid injection therapy. In a Utilization Review Report dated March 3, 2014, the claims administrator approved a request for ibuprofen while denying a request for Prilosec. The claims administrator stated that the documentation was difficult to follow and did not make a case for usage of Prilosec. A February 21, 2014 progress note was difficult to follow, sparse, handwritten, and not entirely legible. The applicant was described as status post three epidural injections. The applicant had ongoing complaints of low back pain. Operating diagnoses included low back disk degeneration, sparing the lumbar region, and cervical displacement. Ibuprofen, omeprazole, and Duexis were apparently endorsed. Work restrictions were also endorsed; however, it did not appear that the applicant was working. In a May 16, 2014 progress note, the applicant was again described as reporting persistent low back pain radiating to the bilateral lower extremities. The applicant was described as 59 years old. There was no mention of any issues with reflux, heartburn, and/or dyspepsia present here. The applicant was given prescriptions for Naprosyn and omeprazole. It was not stated why omeprazole was being furnished.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60:** Upheld

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

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

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Prilosec (omeprazole) to combat NSAID-induced dyspepsia, in this case, however, there was no mention of any issues with dyspepsia, reflux, and/or heartburn present on any recent progress note, either NSAID-induced or stand-alone. No rationale for ongoing usage of Prilosec was provided. Therefore, the request is not medically necessary.