

<b>Case Number:</b>	CM14-0040473		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	10/05/2006
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 45-year-old woman who sustained a work-related injury on October 5, 2006. She subsequently developed bilateral knee, shoulder, elbow, and neck pain. According to a medical report dated on January 3, 2014, the patient reported an increase of burning pain in the bilateral knees, as well as numbness and pins and needles in the bilateral hands. She rated her pain at 9/10 without medications and 7-8/10 with medications. The patient also noted ongoing depression. The patient did receive authorization for pain psychology but she has not moved forward with this yet. Her current medications include morphine sulfate IR (MSIR) 15 mg, Terocin cream, Prilosec, and Cymbalta. She is also receiving Nuvigil from a sleep specialist as she was diagnosed with narcolepsy. Her physical examination revealed evidence of upper respiratory infection with a cough and laryngitis. There is an anterior scar of the neck consistent with thyroidectomy. There is decreased flexion and extension of the cervical spine. Left hand grip strength is 4/5 due to pain. She is neurologically intact in the upper extremity. A urine drug screen dated on March 20, 2012 is consistent with her medications. The patient was diagnosed with mild cervical stenosis C4-5, C5-6; left deQuervain's tenosynovitis status post surgery; right shoulder arthralgia, status post arthroscopy; narcolepsy; status post gastric bypass; elevated liver enzymes. The provider requested authorization to use Prilosec 20 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20MG TWO (2) TIMES A DAY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The Chronic Pain Guidelines indicate that Omeprazole is recommended when non-steroidal anti-inflammatory drugs (NSAIDs) are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. In addition there is no documentation of recent use of NSAID drugs. Therefore, Prilosec 20mg, prescription is not medically necessary.