

<b>Case Number:</b>	CM14-0042143		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	09/01/2005
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Internal Medicine, and is licensed to practice in Arizona. 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 complainant is a 56-year-old who was injured on September 1, 2006. He tugged on a table that was caught on a carpet and developed back pain. He has had both neck and lumbar back pain and shoulder pain. He had a lumbar fusion in April 2010 and a left shoulder rotator cuff repair in April 2012. Medications have included opiates, Ambien, Topamax, Cymbalta, Meloxicam, and GABAdone co-packed with ranitidine, which was later replaced with Protonix then Prilosec, twice a day dosing. It does not appear as if he is still on an anti-inflammatory. He has a diagnosis of gastritis and gastroesophageal reflux disease and has remotely been treated for Helicobacter pylori. The records do not contain the gastrointestinal (GI) workup. An Internal Medicine progress note dated March 6, 2014, states that the patient did not have any change in his gastroesophageal reflux symptoms with the usage of Prilosec. Additionally, he continues to wake up 3-4 times per night and has had no improvement in his sleep quality, (presumably with the usage of Prilosec). The patient is awaiting a GI consultation. He is a nonsmoker and a nondrinker. The internist renewed the patient's prescription for Prilosec 20 mg twice a day. This authorization request is for Prilosec 20mg, once per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Risk Page(s): 68.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines allows for the usage of a proton pump inhibitor for patients who are at intermediate or high risk of gastrointestinal events. The risks are listed as age greater than 65 years, history of peptic ulcer, GI bleed or perforation, concurrent use of aspirin, corticosteroids and or anticoagulants and either a high dosage or multiple anti-inflammatories. This patient does not have any of the stated risk factors - no known ulcer or GI bleed and it seems that he is not currently taking an anti-inflammatory. The actual GI symptoms were not elaborated; so it is unknown if the patient is having poorly controlled reflux, actual epigastric pain, indigestion etc., The patient should follow through with the planned GI evaluation to clarify what is going on and to get on appropriate therapy. If the patient has had a flare in Helicobacter gastritis then he needs to be put back on appropriate antimicrobial therapy. For now other than having some poorly defined chronic GI symptoms that did not respond to a PPI, there is no documentation to warrant ongoing usage of Prilosec. Therefore, the request for Prilosec 20mg thirty count is not medically necessary or appropriate.