

<b>Case Number:</b>	CM14-0043345		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/28/2008
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Family Practice 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 51 yr. old male claimant sustained a work injury on 7/28/08 involving the low back. He was diagnosed with bilateral lumbar facet joint pain, central disk protrusion of L5-S1, and central canal stenosis of L4 to S1. He underwent radiofrequency nerve ablation of L4-S1. His pain had been treated with Norco, Ultram and topical pain patches. According to the treating physician developed gastrointestinal upset due to pain medications. For this claimant had been taking Prilosec 20 mg. He had been on proton pump inhibitors such Prilosec or Prevacid since at least January 2013. His only other chronic medical history included diabetes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines)-TWC Proton Pump Inhibitors (PPIs)Mosby's Drug Consult Omeprazole/Prilosec.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and pg 68-69 Page(s): 68-69.

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation,

and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the claimant had been on this class of medication for over a year. The continued use of Prilosec is not medically necessary.