

<b>Case Number:</b>	CM14-0045495		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/22/2008
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Tennessee. 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 50-year-old with a July 22, 2008 date of injury. The mechanism of injury was not noted. According to a February 19, 2014 progress report, the patient presented with chronic and severe left hand, wrist, and neck pain which radiated to the back of the head. Objective findings: Chronic regional pain syndrome pain in left hand but is not wearing a glove, allodynia in hand and forearm, weaker grip strength. Treatment to date: medication management, activity modification. A UR decision dated March 25, 2014 denied the request for Prilosec. The records did not demonstrate that the patient was at risk for an adverse gastrointestinal event. Additionally, the patient does not complain of gastrointestinal related issues.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Other Medical Treatment Guideline or Medical Evidence:FDA (Prilosec).

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD (gastroesophageal reflux disease), erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, (PPI) used in treating reflux esophagitis and peptic ulcer disease. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. In the records reviewed, there is no documentation that the patient is currently taking a NSAID (non-steroidal anti-inflammatory drug). In addition, the patient is not noted to have any gastrointestinal complaints. There is no rationale provided as to why Prilosec is indicated in this patient. Therefore, the request for Prilosec 20 mg, thirty count, is not medically necessary or appropriate.