

<b>Case Number:</b>	CM14-0045874		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/25/2003
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/15/2014
<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 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 patient is a 65-year-old male who has submitted a claim for status post laminectomy and discectomy at L3-L4 and L4-L5, status post right knee arthroscopy, spondylolisthesis, and lumbago associated with an industrial injury date of June 25, 2003. Medical records from 2008 through 2014 were reviewed, which showed that the patient complained of moderate to severe back pain as well as knee pain and swelling. Physical examination revealed lumbar spine paraspinous tenderness. There was right lumbar region muscle spasm. Restriction of cervical and lumbar spine range of motion in all planes was noted. Knee and ankle reflexes were absent. There was tenderness of the right hamstring, and medial and lateral aspects of the knee bilaterally. There was right knee swelling with restricted range of motion in flexion and extension. Sensation was intact. Treatment to date has included laminectomy and discectomy at L3-L4 and L4-L5, right and left knee arthroscopy, left total knee replacement, physical therapy, epidural steroid injections, and medications, which include Ultracet, Bextra, Mobic, Omeprazole 20mg, Orphenadrine 100mg, Diclofenac 50mg, Hydrocondone, and Tramadol. Utilization review from March 15, 2014 denied the request for Prilosec 20mg #60 with 3 refills because the patient has been using PPI medications (Prilosec or Omeprazole) since at least 6/4/12 but a close inspection of the available body of medical records in that time frame did not reveal clinical evidence of a healing peptic ulcer, any signs or symptoms of dyspepsia (e.g., heartburn, epigastric pain) or the current use of high dose NSAIDs, for which the use of a PPI for treatment or prophylactic use would be medically indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60 with 3 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAIDs. In this case, the patient has been on a proton pump inhibitor since January 2008. It was prescribed for GI protection however, progress reports did not reveal any complaint of gastrointestinal distress which may necessitate a proton pump inhibitor. There was no subjective report that he was experiencing heartburn, epigastric burning sensation or any GI symptom. Patient also does not have history of peptic ulcer, GI bleeding or perforation. Although the patient does not have any history of GI symptoms, he is >65 years old, which is a risk factor for gastrointestinal events according to guidelines. Therefore, the request for 1 Prescription for Prilosec 20mg #60 with 3 refills is medically necessary.