

<b>Case Number:</b>	CM14-0048470		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Texas and Mississippi. 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 injured worker is a 48-year-old male who reported an injury on 08/02/2012, the mechanism of injury was not provided. On 04/02/2014, the injured worker presented with pain to the neck that radiated down the lumbar spine to the bilateral legs and tingling and cramping to the back of the thigh and pain in the lower back. He also reported numbness and tingling from the neck that radiated down to the left arm, left elbow, pinky finger, middle finger, and index finger. Upon examination, there was tenderness noted to the bilateral AC joint, decreased sensation in the right lateral side of the right below knee area, and a straight leg raise test was deferred. The diagnoses were complete arthroscopic synovectomy, chronic low back pain, cervical sprain, head trauma, severe cervical spondylosis, severe C6-7 right-sided foraminal stenosis, soft tissue stabilization, and endoscopic debridement/reconstruction of the scapholunate ligament. The current medications included amitriptyline 25 mg, Norco 10/325 mg, and Flexeril 10 mg. Prior treatments included a 4-wheel walker and lumbar support. The provider recommended Prilosec 20 mg with a quantity of 60 and 1 refill. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg, #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Prilosec 20 mg with a quantity of 60 and 1 refill is not medically necessary. The California MTUS Guidelines recommend PPIs for injured workers at risk for GI events. The included medical documentation did not include symptoms of gastrointestinal complaints or symptoms of a peptic ulcer, GI bleed, or perforation. The injured worker was not documented to have been at risk for gastrointestinal events. The provider's request does not include the frequency of the medication. As such, the request is not medically necessary.