

<b>Case Number:</b>	CM14-0058817		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/14/1994
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 61 year-old individual was reportedly injured on 7/14/4. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 4/8/2014, indicates that there are ongoing complaints of right wrist pain/numbness, and low back, right knee, and right shoulder pain. The physical examination demonstrated right hand: positive tenderness over the right carpal tunnel release scar, improved sensation median nerve, some residual sensory defects persists. Right shoulder +3 tenderness in the right anterior shoulder with occasional spasm in the trapezius. Decreased range of motion. Right knee one plus effusion, positive tenderness of the medial joint line, medial patellar facet. Crepitus with movement. Limited range of motion 0-100. No recent diagnostic studies are available for review. Previous treatment includes previous lumbar fusion, right shoulder arthroscopy, bilateral carpal tunnel release, left knee arthroscopy, physical therapy, medication, and conservative treatment. A request had been made for Prilosec 20 mg #30 and was not certified in the pre-authorization process on 4/18/2014.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms Page(s): 68.

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

**Decision rationale:** MTUS guidelines support the use of proton pump inhibitors (PPI) like Prilosec in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors.. Review of the available medical records, fails to document any signs or symptoms of GI distress which would require PPI treatment. As such, this request is not considered medically necessary.