

<b>Case Number:</b>	CM14-0067648		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/07/2000
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Management and is licensed to practice in Texas. 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 had a lifting injury to his back on 08/07/00. Most recent clinical documentation was dated 03/06/14 as a neurosurgical evaluation. Patient the injured worker stated his current pain level was 9/10 but could go as high as 10. Injured worker tried physical therapy in 2013 which provided some relief. Injured worker also had some water therapy which provided him some relief. Injured worker was currently taking Norco and soma which provided him significant relief. Injured worker complained of low back and bilateral leg pain. Physical examination was very limited and showed lower extremities extreme weakness. MRI of lumbar spine without contrast dated 11/27/13 was noted the pain the injured worker was uncomfortable and in pain causing motion related artifacts in spite of repetition of pulse sequences. Request at this visit was for MRI and EMG bilateral lower extremities. Prior EMG on 06/06/05 noted bilateral chronic L5 radiculopathy and bilateral S1 nerve root reflex neuropathy. There were no submitted clinical records depicting that the injured worker underwent injection therapy, anticonvulsants. The initial request was non-certified on 04/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

**Decision rationale:** As noted in the Official Disability Guidelines Online Version, Pain Chapter, Proton Pump Inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age more than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (less than 1 year) has been shown to increase the risk of hip fracture. As such, the request for Prilosec 20 mg #60 is not medically necessary.