

<b>Case Number:</b>	CM14-0077004		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/15/2008
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Texas & Florida. 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 31 year old male who was injured on 9/15/2008. The diagnoses are left knee amputation pain, low back pain, PTSD and depression. There is a co-existing diagnoses of alcohol use. There are pending Consultation with Orthopedic and Psychiatry doctors. On 6/17/2014, there were subjective complaints of post amputation knee pain, burning pain and numbness for the left limb. The medications are Prozac for depression, Xanax for anxiety and topical ketoprofen / gabapentin cream. The patient was recently started on tramadol to replace OxyContin which was denied by the insurance. The patient is also utilizing Prilosec for the treatment of medication induced gastritis. A Utilization Review determination was rendered on 4/29/2014 recommending non certification for Prilosec 30mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 30mg Qty 90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Gastroenterological Association Medical Position Statement on the management of gastroesophageal reflux disease.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS addressed the use of proton pump inhibitors for the prevention and treatment of NSAID induced gastritis. Omeprazole (Prilosec) is recommended as a first-line medication in the prevention and treatment of medications induced gastritis in chronic pain patients. The records showed that the patient has a history of medications induced gastritis as well as alcohol disease. The criteria for the use of Prilosec 30mg #90 was met. Therefore, the request for Prilosec 30mg, qty 90 is medically necessary and appropriate.