

<b>Case Number:</b>	CM14-0079151		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 49-year-old male who sustained an industrial injury on 07/03/2013. The mechanism of injury was not provided for review. His diagnoses include low back pain, left shoulder pain, right wrist pain, and abdominal pain felt related to medical therapy. On exam, he has low back pain with range of motion and straight leg testing reproduces back pain. Motor and sensory exams are normal. There is decreased range of motion of the left shoulder with a positive impingement sign. There is full range of motion of the right wrist with negative Tinel and Phalen signs; positive Finkelstein test. Exam of the abdomen reveals normal bowel sounds with no tenderness on palpation. An abdominal ultrasound obtained 03/19/2014 revealed evidence of acute cholecystitis, moderate splenomegaly and probable hemangiomas of the right lobe of the liver. Treatment has included medical therapy with NSAIDs, cortisone injection, physical therapy and use of a TENS unit. The treating provider has requested Prilosec 20mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Prilosec 20mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS 2009 Page(s): 68.

**Decision rationale:** The California MTUS 2009 proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. Per the documentation, the claimant's abdominal pain has improved. In addition, there is ultrasound evidence of cholecystitis which is the probable etiology of his abdominal complaints. There is no specific evidence of significant gastro esophageal reflux or gastritis. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.