

<b>Case Number:</b>	CM14-0083319		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	07/13/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 53 year old female who sustained an industrial injury on 07/13/2012. A specific mechanism of injury has not been described. Her diagnoses include contusion of the bilateral knees and complex regional pain syndrome of the left lower extremity. She complains of bilateral knee pain and hypersensitivity of the left lower extremity. On physical exam she is unable to stand independently and there is tenderness to palpation of the bilateral knees with decreased range of motion. There is no instability noted. There is diffuse sensitivity in the left lower extremity. The patient is being recommended for a pain pump and will require psychological clearance. The treating provider has requested Prilosec 20mg # 30 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

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

**Decision rationale:** Per California MTUS 2009, proton pump inhibitors are recommended for patients taking non-steroidal anti-inflammatory drugs (NSAIDs) with documented gastrointestinal (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. The claimant has no documented GI issues. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.