

<b>Case Number:</b>	CM14-0083363		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	08/02/2009
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Family Medicine, and is licensed to practice in New Jersey & 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 injured worker is a 28 year-old female who was injured on 8/2/2009 when a heavy object fell onto her right foot. She complained of right foot pain. She was diagnosed with "left" ankle sprain/strain and then developed complex regional pain syndrome. The injury occurred with her right foot but the chart documented a "left" ankle sprain. This led to lumbar strain/sprain secondary to an antalgic gait. She was also diagnosed with causalgia of lower limb, pain in the joint of the lower leg, and pain in joint of ankle and foot. The patient had physical therapy. She developed right arm pain due to another injury. She was on chronic pain medications including Gabapentin, Cyclobenzaprine, Ambien, valium, MSContin, and Norco and had a spinal cord stimulator implanted and sympathetic blocks. The stimulator provided much pain relief and allowed her to restart several physical activities including swimming, jogging, and karate class. On 4/04/14, she was prescribed Diclofenac, but there was no documentation that this was continued long-term. The current request is for Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec for delayed-release oral suspension 10mg 1x30 UD: 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 NSAIDS, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPI NSAIDS, GI effects

**Decision rationale:** The request for Prilosec is medically unnecessary. The patient does not have any documented risk factors for adverse gastrointestinal effects or symptoms indicating a need for a PPI. As per the MTUS guidelines, risk factors include "age greater than 65, history of peptic ulcers or gastrointestinal bleeding, concurrent use of aspirin or corticosteroids, or high dose/multiple anti-inflammatory medications", all of which did not apply to the patient. The patient was not on long-term NSAIDs. She was prescribed Diclofenac on 4/4/14, but there was no documentation that this was continued long-term and is currently being used. PPI's carry many adverse effects and should be used for the shortest course possible when there is a recognized indication. Therefore, the request for Omeprazole is not medically necessary.