

<b>Case Number:</b>	CM14-0084667		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	07/22/1985
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 60 year-old individual was reportedly injured on 7/22/1985. The mechanism of injury is noted as a work-related injury while cleaning floors. The most recent progress note, dated 4/23/2014, indicates that there are ongoing complaints of low back, and left knee pain. The physical examination demonstrated Lumbar Spine: normal gait with slightly painful heel/toe ambulation. Positive stiffness and tightness throughout the lumbar paravertebral musculature which is worse at the L4-L5 levels. Limited range of motion. Positive straight leg raise at 45 on the left side. Deep tendon reflexes 1+ bilaterally lower extremities. Left knee: positive medial joint line tenderness. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, physical therapy, medications, and conservative treatment. A request had been made for Prilosec 20 mg twice daily #60 with 2 refills, Methoderm gel 240g QTY 2.00. And was not certified in the pre-authorization process on 5/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Priolsec 20mg bid #60 QTY 2.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

**Decision rationale:** Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the claimant does not have a significant risk factor for potential G.I. complications as outlined by the Chronic Pain Medical Treatment Guidelines. Therefore, the use of this medication is deemed not medically necessary.