

<b>Case Number:</b>	CM14-0099293		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 48-year-old male who reported an injury on 08/02/2012. The mechanism of injury was noted to be a fall. His treatments were noted to be epidural steroid injections, medications and physical therapy. The injured worker had a clinical examination on 04/02/2014. His subjective complaints were noted to be constant neck pain rated an 8 on a scale of 1 to 10 that radiates down to the lumbar spine. The objective physical examination findings included exquisite tenderness noted at the cervical paravertebrals and trapezius. The injured worker was wearing an orthosis in the rib cage area. Range of motion was somewhat restricted in flexion and extension. The injured worker had a CT scan of the cervical spine that noted multilevel annular bulges with right sided arthritic changes. Additionally, it was noted there was right sided neural foraminal stenosis, most likely some nerve root impingement. The treatment plan was for Flexeril. In addition, the injured worker will continue with amitriptyline and Norco. The provider's rationale was not noted within the documentation submitted for review. The Request for Authorization form was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prisolec 20mg Po bid #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Prilosec 20 mg, by mouth twice a day, quantity 60 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The documentation submitted for review fails to indicate the injured worker at an intermediate or high risk for gastrointestinal events, in addition, it is not noted that the injured worker is on an NSAID. Therefore, the request for Prilosec 20 mg, by mouth twice a day, quantity 60 is not medically necessary.