

<b>Case Number:</b>	CM14-0000359		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	11/04/2009
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Rehab and is licensed to practice in California. 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 patient is a 51-year-old male who sustained a work injury on 11/4/09 after being attacked by a bull. The attending physician report dated 11/26/13 indicates cervical and lumbar degenerative disc disease, left knee chondromalacia of the patella, obesity, insomnia, anxiety and depression. At that time the patient complained of moderate neck and low back pain, and mild left knee pain. His symptoms are unchanged since his last visit. Records indicate he is not working and is not in physical therapy. The following medications were renewed; Ibuprofen, Prilosec, Tramadol ER, Xanax for sleep, Prozac for depression, He was also dispensed with topical creams of Ketoprofen, Gabapentin and Tramadol. Physical exam findings include stiffness and slow gait. He has slightly decreased lumbar flexion, and a positive SLR at 90 degrees bilaterally when seated and 50 degrees when supine. He is unable to heel and toe walk. Left knee is slightly tender to palpation. Right knee range of motion is 0-110 degrees and left knee is 0-100 degrees. The patient was to be sent for a FCE for the purpose of determining what his lifting capacity is for the purpose of permanent and stationary evaluation. The utilization review report dated 12/17/13 denied the request for Prilosec 20 mg #90 based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS) Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67-69.

**Decision rationale:** The patient continues to complain of moderate neck and low back pain, and mild left knee pain. The current request is for Prilosec 20 mg #90. The CA MTUS states "clinicians should weigh the indications for NSAIDs against both GI and CV risk factors. Determine if the person is a risk for GI events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforations; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID." There is no clinical information provided by the treating physician to indicate that the patient is dealing with dyspepsia or has GI issues. This medication is not prescribed simply because a person is using NSAIDs. Therefore the use of Prilosec without any documented risk factors does not meet the criteria for medical necessity based current guidelines. The request is not medically necessary and appropriate.