

<b>Case Number:</b>	CM14-0189385		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hip, low back, and bilateral foot pain reportedly associated with an industrial injury of July 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; a TENS unit; adjuvant medications; opioid agents; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated October 21, 2014, the claims administrator failed to approve a request for Prilosec. The claims administrator, it is incidentally noted, approved a request for Relafen. The claims administrator stated that its decision was based on an October 1, 2014 progress note. The applicant's attorney subsequently appealed. In an October 1, 2014 progress note, the applicant reported ongoing complaints of hip, low back, and bilateral foot pain. The applicant stated that he was getting some relief with medications but acknowledged that the pain relief he was deriving was not adequate to allow him to be functional. The applicant was using Norco, Ultracet, Relafen, Prilosec, a TENS unit, and Elavil, it was acknowledged. Multiple medications were refilled, including Prilosec. There was no mention of any issues with reflux, heartburn, and/or dyspepsia on this occasion. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. On an earlier note dated September 3, 2014, the applicant reported ongoing complaints of low back, hip, and foot pain. Norco, Ultracet, Relafen, and Prilosec were renewed, along with permanent work restrictions. It was not stated for what purpose Prilosec was being employed. In an earlier note dated August 4, 2014, the applicant again reported ongoing complaints of low back, hip, and foot pain. The applicant was using Norco, Ultracet, Relafen, Prilosec, a TENS unit, and Elavil, it was stated. Once again, there was no mention of any issues with reflux, heartburn, and/or dyspepsia.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Prilosec 20mg #30, date of service 10/1/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI, NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any of the progress notes, referenced above, including the October 1, 2014 progress note at issue. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider did not state for what purposed Prilosec was being employed nor did the attending provider state whether or not ongoing usage of Prilosec was, in fact, effective. Therefore, the request was not medically necessary.