

<b>Case Number:</b>	CM14-0191940		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	03/31/2000
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Neuromuscular Medicine and is licensed to practice in New Jersey. 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 74-year-old male who reported an injury on 03/31/2000. The mechanism of injury was not indicated. His diagnosis was cervical spondylosis without myelopathy. His past treatments included unspecified medications. His diagnostic studies included an MRI of the cervical spine performed on 10/10/2012. The progress note dated 10/21/2014 indicated the injured worker presented for a followup evaluation with complaints of right shoulder pain. The physical examination revealed tenderness with guarding of the neck, low back, and right shoulder. The remainder of the progress notes dated 10/21/2014 is illegible. The request was for Prilosec #60, refill: 2. However, the rationale for the request and the Request for Authorization form were not included for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec #60, Refill: 2:** Upheld

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

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

**Decision rationale:** The request for Prilosec #60, refill: 2 is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events when nonsteroidal anti-inflammatory drugs are prescribed or for those with complaints of dyspepsia related to nonsteroidal anti-inflammatory drug use. There was a lack of documentation to demonstrate the injured worker's use of any nonsteroidal anti-inflammatory drugs or any reported complaints of dyspepsia. Additionally, the clinical documentation submitted failed to provide evidence of any gastrointestinal symptoms or significant risk factors to warrant medical necessity for the request. Also, the request as submitted failed to indicate a frequency of use for the medication. As such, the request for Prilosec #60, refill: 2 is not medically necessary.