

<b>Case Number:</b>	CM14-0192783		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Family 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 59 year old female injured worker suffered an industrial accident on 6/25/2013. The details of the industrial accident included the injured worker carrying a box of 50 pound dough when she twisted her knee and low back. She was diagnosed with lumbar radiculopathy, shoulder strain, hand strain, and internal derangement of the right knee and subsequently had arthroscopy with meniscus repair on 2/2014. The injured worker had several months of physical therapy as well as medication management. The medications included Tramadol, Motrin, Prilosec and topical compound of Lidoderm, Capsaicin and Ketoprofen. The gastrointestinal symptoms that Prilosec is targeted for were not included in the medical records provided by the physician. There was no discussion of any gastrointestinal reflux signs or symptoms. The UR decision on 10/21/2014 was to deny Prilosec and there was not any medical record evidence of gastrointestinal symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60 30 x1 cap bottle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 78, 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, NSAIDs were used starting in 7/2014 for pain relief as her Tramadol caused nausea. No report was found in the documents provided that this worker was at an increased risk for gastrointestinal events with the Naprosyn which is a moderate dose. Therefore, without significant evidence suggesting the long-term benefits of the Prilosec outweighs the risks associated with this medication, it will be considered medically unnecessary to continue.