

<b>Case Number:</b>	CM14-0193799		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 40 year old male, who sustained an industrial injury on 8/29/13. On 11/19/14, the injured worker submitted an application for IMR for review of Retrospective request for retro Prilosec 20 mg, twice a day, # 60. The treating provider has reported the injured worker complained of right lateral elbow pain with numbness and tingling in the right hand. The injured worker has a clinical history of a right ulnar thrombosis treated with a graft (6/16/2010). The diagnoses have included right carpal tunnel syndrome, right cubital tunnel syndrome and right lateral epicondylitis. Treatment to date has included cortisone injection, nerve block right lateral extensor, right median nerve with injection of the right volar wrist and carpal canal, EMG/NCS bilateral upper extremities (8/8/14). The medications listed are Voltaren and Prilosec. On 10/29/14 Utilization Review non-certified Retrospective request for retro Prilosec 20 mg, twice a day, # 60. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Prilosec 20 mg, twice a day, # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 68-71.

**Decision rationale:** The CA MTUS recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complications in the elderly and patients with a history of gastric disease. The records did not show that the 40 year old patient had a history of gastrointestinal disease. The patient is not utilizing other NSAIDs such as Aspirin. There is no documentation of gastrointestinal symptoms associated with the use of NSAIDs. The criteria for the retrospective use of Prilosec 20mg twice a day #60 was not met.