

<b>Case Number:</b>	CM14-0194056		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	06/07/2010
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/06/2014
<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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 47-year-old male with a date of injury of 06/07/2010. Per treating physician report 10/16/2014, the patient presents with continued low back pain radiating to the bilateral legs, right greater than left with weakness and tingling sensation. The patient is taking his medication regularly and is tolerating them well. Physical examination revealed antalgic gait to the right. There is tenderness, tightness, and spasm in the lumbar paraspinal muscles. There is severe facet tenderness noted in the L4 through S1. Kemp's test is positive bilaterally and the seated straight leg raise is positive on the right and negative on the left. Sensation was decreased along the L3 and S1 dermatomes on the right. The listed diagnoses are: 1. Lumbar disk disease. 2. Lumbar musculoligamentous strain. 3. Neuroforaminal stenosis at L4-L5 and L5-S1. 4. Lumbar spine radiculopathy at L4 and L5. 5. Lumbar facet syndrome. 6. Anxiety. 7. Obesity. Treatment plan is for refill of medications including OxyContin 30 mg, Percocet 10/325 mg, Flexeril 10 mg, Colace 100 mg, Prilosec 20 mg, and trazodone 50 mg. The utilization review denied the request on 11/06/2014. Treatment reports from 04/04/2014 through 10/16/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg # 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with chronic low back pain. The current request is for Prilosec 20 mg #30. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been prescribed Prilosec since at least 04/04/2014. In this case, there is no indication that the patient is taking NSAID to consider the use of Prilosec. Furthermore, the treater provides no discussion regarding GI issues such as gastritis, ulcers, or reflux that would require the use of this medication. This request IS NOT medically necessary.