

<b>Case Number:</b>	CM14-0198055		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	04/14/1989
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Practice, 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:

This is a 71 years old male patient who sustained an injury on 4/14/1989. The current diagnoses include cervical spondylosis, status post right knee arthroscopy, tricompartmental arthropathy, right knee and lumbar discogenic pain. Per the doctor's note dated 9/11/14, he had complaints of chronic low back pain, neck pain with radiation to bilateral trapezius regions and right knee pain. The physical examination revealed lumbar spine- tenderness in the lower lumbar paravertebral musculatures, forward flexion 50, extension 10, lateral bending 30 degrees, negative straight leg raising bilaterally; cervical spine- tenderness in the posterior cervical and bilateral trapezial musculatures, forward flexion within 1 finger breadth of chin to chest, extension 10 and lateral rotation 60 degrees bilaterally; right knee- slight tenderness in the medial and lateral joint lines, subpatella crepitation with range of motion and pain with deep flexion. The medications list includes Voltaren, Prilosec, Ultram and topical analgesic creams. (The Voltaren was not certified by UR recently). He had undergone right knee arthroscopy. Prior diagnostic study reports were not specified in the records provided. Other therapy for this injury was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30 with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68 and 69.

**Decision rationale:** Prilosec contains Omeprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events; patients at high risk for gastrointestinal events; treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- " (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Whether the patient is actually currently taking any NSAIDS, is not specified in the records provided. There is no evidence in the records provided that the patient has abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Prilosec 20mg #30with two refills is not medically necessary for this patient.