

<b>Case Number:</b>	CM14-0200170		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	03/28/2002
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Ohio. 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 61-year-old male with an original date of injury of March 28, 2002. He complains of chronic right shoulder pain, neck and knee pain. He has had difficulty swallowing and has been unable to find the physician to perform a stretch procedure of his esophagus. The diagnoses include right shoulder impingement, history of cervical fusion, lumbosacral radiculitis, severe coronary artery disease, lumbar spinal stenosis, and pain and medication induced gastritis. He has been taking a variety of medications including norflex, gabapentin, aspirin, and Effient. He is also said to be utilizing a topical anti-inflammatory lotion. The physical exam reveals diminished cervical and lumbar range of motion. There is guarding and tenderness the paracervical and paralumbar musculature. There is tenderness to palpation of the right sacroiliac joint and the medial joint line of the right knee. Notes from the treating physician indicate that the injured worker is quite reliant on Prilosec due to gastric upset as a consequence of gastritis from his pain and medications. At issue is a request for Prilosec 20 mg twice daily, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

**Decision rationale:** The Official Disability Guidelines recommend discontinuing NSAID therapy or adding a proton pump inhibitor like Prilosec for dyspepsia as a consequence of NSAID therapy. In this instance, the injured worker is said to be using a topical NSAID. The cited guidelines do not distinguish between oral and topical NSAIDs in terms of appropriateness of proton pump inhibitors for dyspepsia. Therefore, Prilosec 20mg #60 is medically necessary.