

<b>Case Number:</b>	CM14-0201283		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	08/25/2008
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine 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 patient with a date of injury of August 25, 2008. A utilization review determination dated November 14, 2014 recommends noncertification of Prilosec. A progress report dated November 13, 2014 identifies subjective complaints of recent epidural injection which is still helping slightly. The diagnosis is status post L5-S1 surgery. The treatment plan recommends a refill of medication including transdermals and follow up with another doctor. A progress report dated October 24, 2014 recommends refill of tramadol and Flexeril. A report dated October 15, 2014 indicates that the patient has gastrointestinal symptoms which are unchanged over the last several years. He states that he uses omeprazole on an as needed basis and uses lactulose as a prophylactic medication. The note states that the patient has become adept at titrating the doses but cannot be free of the problems in his gastrointestinal tract. The diagnoses include dyspepsia/heartburn secondary to medication. The treatment plan recommends continuing Prilosec and lactulose.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for Omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, it does appear that the patient is having stomach irritation from medication. However, the current request does not include a dose of Prilosec, frequency of administration, or duration of treatment. The open-ended application of any medication is not supported by guidelines. Unfortunately, there is no provision to modify the current request. Therefore, the currently requested "Prilosec" is not medically necessary.