

<b>Case Number:</b>	CM14-0203588		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 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 44 year-old patient sustained an injury on 2/14/13 while employed by [REDACTED]. Request(s) under consideration include 1 Prescription of Prilosec 20mg #60. Diagnosis include neuralgia/ neuritis NOS; failed back syndrome s/p lumbar laminotomy with discectomy at L4-S1; lumbar facet syndrome; lumbar radiculopathies at bilateral L5-S1; and chronic myofascial pain syndrome. The patient has remained P&S as of 6/9/14. Conservative care has included medications, therapy, and modified activities/rest. Report from the provider noted chronic constant low back pain radiating to legs with numbness, tingling, and paresthesias rated at 5-6/10. Exam showed unchanged findings of paravertebral muscle spasm, localized tenderness at facet joints of L3-5; positive hyperextension maneuver; diminished light touch in right leg with positive SLR at 50-60 degrees. The request(s) for 1 Prescription of Prilosec 20mg #60 was non-certified on 12/2/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Prilosec 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** This 44 year-old patient sustained an injury on 2/14/13 while employed by [REDACTED]. Request(s) under consideration include 1 Prescription of Prilosec 20mg #60. Diagnosis include neuralgia/ neuritis NOS; failed back syndrome s/p lumbar laminotomy with discectomy at L4-S1; lumbar facet syndrome; lumbar radiculopathies at bilateral L5-S1; and chronic myofascial pain syndrome. The patient has remained P&S as of 6/9/14. Conservative care has included medications, therapy, and modified activities/rest. Report from the provider noted chronic constant low back pain radiating to legs with numbness, tingling, and paresthesias rated at 5-6/10. Exam showed unchanged findings of paravertebral muscle spasm, localized tenderness at facet joints of L3-5; positive hyperextension maneuver; diminished light touch in right leg with positive SLR at 50-60 degrees. The request(s) for 1 Prescription of Prilosec 20mg #60 was non-certified on 12/2/14. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The 1 Prescription of Prilosec 20mg #60 is not medically necessary and appropriate.