

<b>Case Number:</b>	CM14-0204218		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	11/27/2006
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/06/2014
<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 Occupational 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 individual is a 48 y/o male who has developed a chronic pain syndrome subsequent to an injury date 11/27/06. He has complaints of chronic low back pain, left knee pain and right elbow pain. He also has accepted derivative problems that include Psych, dental and GI issues. He has been diagnosed with non-ulcer dyspepsia by an AME and long term acid suppression has been recommended. However, the AME specifically stated that only lower doses of medication are recommended as this problems is not an over production of acid. Medications include Oxycontin 20 mg. 2-3 per day, Prilosec, Gabapentin Flector patches and Glycolax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Prilosec 60mg 1-2 caps every day, orally #35, one refill (DOS: 9/29/14):**  
Overturned

**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 Opioids  
Page(s): 77.

**Decision rationale:** MTUS Guidelines supports the use of agents for constipation when opioids are being utilized. There is no documentation that a modification or discontinued use of opioids

has been successful. In addition, Guidelines do not address how many refills are appropriate for a stable medication. Under these circumstances, the Glycolax 17 g every day quantity 2 with a refill is medically necessary.

**Retrospective Glycolax 17g every day, qty. 2, one refill (DOS: 9/29/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[http://www.drugdigest.org/DD/PrintablePages/Monograph/0,7765,550398\)Glycolax/,00.html](http://www.drugdigest.org/DD/PrintablePages/Monograph/0,7765,550398)Glycolax/,00.html)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI symptoms and Cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:  
<http://www.drugs.com/dosage/prilosec.html>.

**Decision rationale:** MTUS Guidelines supports the use of proton pump inhibitors when there are GI symptoms associated with NSAIDs or other medications. The Guideline recommended dose is 20mg. per day. This is consistent with the dosing recommendation of the AME specialist evaluator and routine pharmacy guides for prescribing. There are no unusual circumstances to support the 60+mg per day being prescribed, as it is not supported by Guidelines or AME recommendations. The Prilosec 60mg. 1-2 per day #36 with refill is not medically necessary.