

<b>Case Number:</b>	CM14-0206267		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 65 year old male with an injury date of 07/26/13. As per progress report dated 10/22/14, the patient complains of increased pain in the low back, radiating into bilateral lower extremities, right greater than left. The pain is rated as 8/10 and is aggravated by physical activity. The patient also suffers from neck pain, bilateral shoulder pain, and cervicogenic headaches. Physical examination of the cervical spine reveals tenderness to palpation in posterior cervical musculature, trapezius, medial scapular, and sub-occipital region. There are multiple trigger points and taut bands in the area. The range of motion is limited and there is decreased sensation to Wartenberg pinprick wheel along the posterior lateral arm and lateral forearm on the right as well as dorsum of the hand. Physical examination of the lumbar spine reveals tenderness to palpation in the lumbar paravertebral musculature and the sciatic notch. Range of motion is limited and the straight leg raise is positive bilaterally. There is decreased sensation to Wartenberg pinprick wheel along the lateral calf bilaterally, right greater than left. There is tenderness to palpation in the plantar fascia region also, bilaterally. The patient has received trigger point injections for the neck pain and related symptoms and it has provided significant relief, as per progress report dated 10/22/14. Medications, as per the same progress report, include Norco, Anaprox, Doral and Prilosec. MRI of the Lumbar Spine, 06/21/14, as per progress report dated 10/22/14: Multilevel disc disease, worse at L4-5 with 6.3 mm disc bulge with annular tear. EMG (date not provided), as per progress report dated 10/22/14: Acute right L5 radiculopathy. MRI of the Cervical Spine, 07/21/14, as per progress report dated 10/22/14: Degenerative disc disease with moderate central spinal stenosis most significant at C5-6 with an extruded disc. MRI of the Left Shoulder, 07/21/14, as per progress report dated 10/22/14: Moderate impingement syndrome with tendinosis of the rotator cuff and moderate AC joint hypertrophy. MRI of the Right Shoulder, 07/21/14, as per progress report dated 10/22/14:

Moderate impingement syndrome with tendinosis of the rotator cuff with a partial rotator cuff tear. Diagnoses, 10/22/14:- Cervical spine myoligamentous injury with bilateral upper extremity radicular symptoms, right greater than left- Bilateral shoulder impingement syndrome with partial rotator cuff tear with arthroscopy December 2012- Lumbar spine myoligamentous injury with bilateral lower extremity radicular symptoms, right greater than left- Right shoulder myoligamentous injury status post distal clavicle resection- Chronic bilateral wrist and thumb arthritis and plantar fasciitic- Medication-induced gastritis The request is for PRILOSEC CAP 20 mg. The utilization review determination being challenged is dated 11/13/14. Treatment reports were provided from 04/25/14 - 10/22/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prilosec CAP 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs); and NSAIDs, GI Symptoms & Car.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

**Decision rationale:** The patient presents with increased pain in the low back, radiating into bilateral lower extremities, right greater than left, as per progress report dated 10/22/14. The request is for PRILOSEC CAP 20 mg. The pain is rated as 8/10 and is aggravated by physical activity. The patient also suffers from neck pain, bilateral shoulder pain, and cervicogenic headaches, as per the same progress report. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, a prescription for Prilosec (omeprazole) and Anaprox (NSAID) was first noted in progress report dated 04/25/14. The patient has been taking the medications consistently since then. As per progress report dated 10/22/14, the patient has been diagnosed with medication-induced gastritis. However, the treater does not provide any other details. Additionally, the request does not include the number of tablets and the intended duration of use. There is no documented use of ASA, corticosteroids, and/or an anticoagulant as well. Given the lack of adequate documentation in terms of GI risk assessment, this request IS NOT medically necessary.