

<b>Case Number:</b>	CM14-0207825		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	05/21/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 52 year old female who was injured on 5/21/2012. The diagnoses are right de Quervain's tenosynovitis, neck and low back pain. The 2013 MRI of the cervical spine showed multilevel disc herniations. The 2014 MRI of the lumbar spine showed mild degenerative disc disease. On 11/5/2014, there were subjective complaints of neck and low back pain. There range of motion of the spines was decrease. There were objective findings of tenderness over the lumbar spine. The medications listed are Naproxen, pantoprazole, Robaxin and Tramadol. ■■■■■ noted that the patient had a history of NSAIDs induced gastritis. It is unclear which medications are current as all were noted to be non- certified. The records showed that Protonix was prescribed on 11/5/2014. Her GI symptoms was noted to be significantly decreased by Protonix. A Utilization Review determination was rendered on 12/11/2014 recommending non certification for Prilosec 40mg # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 40mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter Proton Pump Inhibitors.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complications in high risk patients. The records show that the patient was utilizing proton pump inhibitors because of a history of NSAIDs induced gastritis. The documentation is unclear on the status of NSAIDs utilization or the need for prophylaxis. The records showed that the prescriptions for Protonix and Naproxen was non certified by November 2014. There is no documentation showing continued utilization of NSAIDs or that the Protonix was discontinued. The patient was noted to respond better to Protonix than other proton pump inhibitors. The criteria for the use of Prilosec 40mg #30 was not met.