

<b>Case Number:</b>	CM14-0210092		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	11/28/2012
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 59 yo female who sustained an industrial injury on 11/28/2012. The mechanism of injury was not provided for review. Her diagnoses include lumbar strain and sprain, dislocation of the left knee, and internal derangement of the left knee. She complains of continued left knee pain. On physical exam the only reported finding was tenderness over the left shin. Treatment has included medical therapy, acupuncture and chiropractic treatments. He treating provider has requested Prilosec 20mg 1/day #30 with refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prilosec 20mg 1/d quantity #30 refills for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** Per California MTUS 2009, proton pump inhibitors are recommended for patients taking non-steroidal anti-inflammatory drugs (NSAIDs) with documented gastrointestinal (GI) distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include: age >65,

history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. The claimant has no documented GI issues. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.