

<b>Case Number:</b>	CM15-0000135		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	12/15/2010
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a male patient, who sustained an industrial injury on 12/15/2010. A orthopedic follow up visit dated 09/03/2014 reported subjective complaint of being 6 months status post fusion. Neurologically stable; dexterity still not totally returned; strength still sub-optimal but functionally good. He is reported experiencing minimal pain. The following medications are prescribed; Norco 10/325 MG, Tramadol ER, Naproxen Sodium and Prilosec. Successfully tapering medications; discontinued Cyclobenzaprine and tapering Norco. Radiographic study showed stable fusion C4-7 on AP and Lateral views. Cervical spine inspection proved within normal limits. there is no redness, swelling or deformity. Range of motion is within normal limits and muscle strength is within normal limits. He was diagnosed with; intervertebral disc with myelopathy of lumbar, brachial neuritis unspecified, intervertebral disc dissection with myelopathy to cervical area, spondylosis unspecified with myelopathy, cervicgia and spinal stenosis in the cervical region. The patient is prescribed to return to work 20 hours weeks with no lifting overhead or greater than 20 lbs. follow up in 4 weeks. Subsequently, the next follow up dated 11/05/2014, 8 months follow up found the patient significantly better, dexterity right hand still somewhat compromised. The diagnoses of solid fusion C4-7, intervertebral disc dissection with cervical myelopathy and spinal stenosis in the cervical region. On 12/04/2014 Utilization Review non-certified a request for Prilosec, noting the CA MTUS, chronic pain and Prilosec was cited. The injured worker submitted an application for IMR for review of the requested service.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**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 & cardiovascular risk Page(s): 69.

**Decision rationale:** The patient is a 55 year old male who presents with mild unrated post surgical cervical spine pain. The patient's date of injury is 12/15/10. Patient is status post anterior cervical discectomy and spinal fusion at C5 and C6 levels in July 2011, and at C4 and C7 levels in February 2014. The request is for PRILOSEC 20MG #60. The RFA is dated 12/03/14. Physical examination dated 12/03/14 reveals no tenderness upon palpation to the cervical spine, intact cranial nerves 2-12, normal range of motion of the cervical spine, normal strength and neurological function in the upper extremities. The patient is currently prescribed Tramadol, Norco, and Naprosyn. Diagnostic imaging included Xray of the cervical spine dated 09/29/14, significant findings include: "Interbody grafts are present at C4-C5, C5-C6, and C6-C7 stabilized by plate and screws... The C7-T1 disc is mildly narrowed. There is evidence of C6 corpectomy." Per progress report dated 12/03/14 patient is cleared to return to work 20-30 hours/week. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regards to the request for Prilosec, the reports provided show the patient has been prescribed this medication since at least 04/30/14, however the treater does not specifically discuss any GI symptoms at initiation. Most recent progress report dated 12/03/14 indicates that this patient is prescribed an NSAID: Naprosyn. While PPI's such as Prilosec are considered appropriate therapy for individuals experiencing GI upset from high-dose NSAID therapy, there is no discussion of GI symptoms, pertinent examination findings, or other subjective complaints which would support continued use of this medication. Therefore, this request IS NOT medically necessary.