

<b>Case Number:</b>	CM15-0004517		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	09/23/2009
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 42 year old female, who sustained an industrial injury on 9/23/2009 while lifting a patient. The diagnoses have included lumbosacral disc displacement, neuritis, strain, and herniated nucleus pulposus with degenerative disc disease. Treatment to date has included physical therapy, acupuncture and medications. She underwent anterior fusion and discectomy at L5-S1 on 10/18/2011. Magnetic resonance imaging (MRI) dated 2/20/2014 was negative for neural compression. Currently, the IW complains of pain rated as a 7/10 without medications and 4/10 with medications. Pain radiates from the lumbar spine to the left lower extremity. She reports difficulty sleeping due to pain. Objective findings include a negative straight leg raise test. There is positive lumbar tenderness and decreased range of motion. On 12/11/2014, Utilization Review non-certified a request for Prilosec 40mg #30 and modified a request for Percocet 10/325mg #60 noting that the clinical findings do not support the medical necessity of the treatment. MTUS was cited. On 1/09/2015, the injured worker submitted an application for IMR for review of Prilosec 40mg #30 and modified a request for Percocet 10/325mg noting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 capsules of Prilosec 40mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Pain section, Proton pump inhibitors

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg #30 is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high dose/multiple nonsteroidal anti-inflammatory drug use. In this case, the injured worker's working diagnoses are HNP with DDD at L5-S1, instability, s/p ALDF 10/18/11; lumbar spine strain; and probable non-union. Subjectively, the injured worker has 7/10 without meds 4/10 with meds. The injured worker has low back pain that radiates to the left lower extremity. She continues with a home exercise program. Objectively, the injured worker has normal reflex, sensory and power testing to the bilateral upper extremities. Gait is normal. The lumbar spine was tendered palpation with decreased range of motion. The documentation did not contain comorbid conditions or past medical history compatible with peptic ulcer disease, G.I. bleeding, concurrent use of aspirin, etc. Consequently, absent clinical documentation with risk factors for gastrointestinal events, Prilosec 20 mg #30 is not medically necessary.