

<b>Case Number:</b>	CM15-0005413		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	09/21/2012
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2015

### 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

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 44-year-old male with a reported injury on 09/21/2012. The mechanism of injury was lifting. The injured worker's diagnoses include cervical brachial syndrome, pain in joint of shoulder and brachial neuritis or radiculitis. The injured worker's past treatments include opioid therapy. On 12/17/2014, the injured worker rated the pain a 5/10 on a pain scale. Since last visit his pain level is the same. He reported that medications were working well. He reported his condition was unchanged. Upon examination, the patient seemed to be depressed. He was noted as sad with no delusions, obsessive thoughts or suicidal ideations. The injured worker's medications included Promolaxin 100 mg, quazepam 15 mg, omeprazole DR 20 mg and Ultracet 37.5/325 mg. The request was for Prilosec 20 mg for dyspepsia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg (unknown quantity):** 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 NSAIDs, GI symptoms and Cardiovascular Risk Page(s): 69.

**Decision rationale:** The request for Prilosec 20 mg (unknown quantity) is not medically necessary. According to the California MTUS Guidelines, patients at intermediate risk for gastrointestinal events and no cardiovascular disease may be recommended to use proton pump inhibitors with the use of NSAIDs. Long term PPI use has been shown to increase the risk of hip fracture. The documentation indicates the patient has been using Prilosec since at least 05/28/2014. The documentation does not provide at least intermediate risk for gastrointestinal events. The documentation did not provide the efficacy for the direct use of Prilosec. In the absence of documentation with sufficient evidence of the efficacy of the medication for the injured worker and as the evidence based guidelines do not recommend chronic use of the proton pump inhibitor, the request is not supported. Additionally, as the request was written, there was no frequency or quantity included. As such, the request is not medically necessary.