

<b>Case Number:</b>	CM15-0107319		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	03/07/2008
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 68 year old female, who sustained an industrial injury on 3/7/08. The injured worker has complaints of pain in the lower back, both legs and both feet. The documentation noted that the pain is associated with tingling in the legs, and numbness and weakness in the feet. Examination of the lumbar spine reveals range of motion to forward flexion is 40 degrees, extension is 15 degrees and side bending is 20 degrees bilaterally. There is tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. Examination of the hip reveals positive for pain with external rotation and there is point tenderness to palpation over the greater trochanter on the left consistent with trochanteric bursitis. The diagnoses have included lumbar radiculitis and depressed mood. Treatment to date has included chiropractor; magnetic resonance imaging (MRI) of the lumbar spine on 3/10/08 revealed 3 millimeter disc bulge at the L4-5 level; injections; physical therapy; acupuncture; neurontin; diclofenac XR; prilosec and tramadol extended release. The request was for Medication for lumbar spine - Prilosec 20mg twice a day #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication for lumbar spine - Prilosec 20mg twice a day #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page(s) 67-69.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Prilosec. According to MTUS guidelines, increased risk is defined as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient's age is stated as 68. The use of Prilosec, as stated in the above request, is determined to be a medical necessity at this time.