

<b>Case Number:</b>	CM15-0108333		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	08/27/2014
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: 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 year old female, who sustained an industrial injury on August 27, 2014, incurring head and neck injuries secondary to being struck in the head with a pipe. She was diagnosed with a cervical strain, thoracic sprain, and rotator cuff syndrome. Computed tomography of the head was unremarkable. Treatments included physical therapy, anti-inflammatory drugs, pain medications, sleep aides, proton pump inhibitor and work restrictions. Currently, the injured worker complained of persistent neck pain, cervical, and thoracic pain, dizziness, headaches and mid back pain. She rated her pain an 8 on a pain scale from 0 to 10. She complained of constant numbness and tingling of the upper back and neck. Cervical range of motion was restricted. The injured worker continued with a treatment of pain medications and anti-inflammatory drugs. The treatment plan that was requested for authorization included a prescription for Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Proton pump inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page 68-69.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. The progress report dated 4/28/15 documented subjective complaints of neck pain, back pain, and headaches. The patient reported a history of head injury. Diagnoses were cervical strain and sprain, shoulder rotator cuff syndrome, thoracic sprain and strain, and headache. Naproxen (NSAID) was prescribed. Medical records indicate the use of NSAID medication, which is a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor such as Omeprazole in patients with gastrointestinal risk factors. MTUS guidelines and medical records support the medical necessity of Prilosec (Omeprazole). Therefore, the request for Prilosec is medically necessary.