

<b>Case Number:</b>	CM15-0133344		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	04/09/2009
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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, 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 55 year old female, who sustained an industrial injury on 4/09/2009. The injured worker was diagnosed as having abdominal pain, acid reflux, constipation, and sleep disorder. Treatment to date has included diagnostics, chiropractic, cervical spinal surgery in 2012, physical therapy, and medications. Urine toxicology (2/2015) was negative for all tested analytes. Abdominal ultrasound (5/12/2015) showed no evidence of acute cholecystitis. The use of PepZin GI was noted in 11/2014 due to complaints of upset stomach. Currently, the injured worker complains of dysphagia, abdominal pain, depression, anxiety, improving constipation, and unchanged sleep quality. Exam noted a soft abdomen, non-tender and non-distended. She was prescribed Prilosec, Colace, Gabadone, Sentra AM, and Trepadone. She was instructed to follow a low fat diet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec #30 is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for 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 non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are cervical disorder with myelopathy; rotator cuff syndrome shoulder; cervical fusion; status post operation lumbar IVD disorder with myelopathy. The date of injury is April 9, 2009. Request for authorization is June 4, 2015. According to an initial provider encounter dated April 30, 2015, the treatment plan indicates a prescription for Prilosec 20 mg. There is no documentation of medications other than topical analgesics. There are no non-steroidal anti-inflammatory drugs noted. There are no co-morbid conditions including history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. There is no clinical rationale for proton pump inhibitors. Consequently, absent clinical documentation with a clinical indication and rationale and comorbid conditions or risk factors, Prilosec #30 is not medically necessary.