

<b>Case Number:</b>	CM15-0136046		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	12/12/2006
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old female who sustained an industrial injury on 12/12/06. The injured worker was diagnosed as having lumbar discopathy with disc displacement, lumbar radiculopathy, right sacroiliac arthropathy and status post lumbar fusion. Currently, the injured worker was with complaints of right sacroiliac pain. Previous treatments included lumbar fusion, oral pain medication and topical creams. Previous diagnostic studies included a computed tomography of the lumbar spine (May 2014). The injured was instructed to remain off work by the provider. The injured workers pain level was not noted. Physical examination was notable for tenderness to palpation to the right sacroiliac joint with muscle spasms and decreased range of motion secondary to pain and stiffness. The plan of care was for Prilosec 20 milligrams twice a day quantity of 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg twice a day #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The injured worker sustained a work related injury on 12/12/06. The medical records provided indicate the diagnosis of lumbar discopathy with disc displacement, lumbar radiculopathy, right sacroiliac arthropathy and status post lumbar fusion. Treatments have included lumbar fusion, oral pain medication and topical creams. The medical records provided for review do not indicate a medical necessity for Prilosec 20mg twice a day #90. Prilosec (Omeprazole) is a proton pump inhibitor. The MTUS recommends that Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin). Although the medical records indicate the injured worker is being treated with NSAID, there is no indication that she belongs to any of the listed groups.