

<b>Case Number:</b>	CM15-0140472		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year old female with an April 29, 2013 date of injury. A progress note dated May 22, 2015 documents subjective complaints (pain in the upper back, mid back, lower back, right leg, and right knee; pain associated with tingling, numbness, and weakness in the right leg; pain rated at a level of 5 to 7 out of 10, with 5 out of 10 at its best and 8 out of 10 at its worst; average level of pain in the last seven days rated at 5 to 8 out of 10), objective findings (ambulates with an assistive device and an antalgic gait pattern; decreased range of motion of the lumbar spine; tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms; positive straight leg raise test on the right; full range of motion of the bilateral knees; tenderness to palpation over the medial joint lines and infrapatellar region; diminished sensation in the right L5 and S1 dermatomes of the lower extremities), and current diagnoses (lumbar radiculitis; right knee tendinitis). Treatments to date have included physical therapy, imaging studies, medications, and injections. The treating physician documented a plan of care that included Prilosec 20 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68-69.

**Decision rationale:** Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.