

<b>Case Number:</b>	CM15-0142780		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	09/02/1994
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Massachusetts

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:

The injured worker is a 59 year old female who sustained a work related injury September 2, 1994. Past history included status post bilateral total knee arthroplasty revised and removed secondary to MSRA (Methicillin-resistant Staphylococcus aureus) and status post bilateral inguinal hernia repair with entrapment. According to a treating physician's progress report, dated July 8, 2015, the injured worker presented with complaints of pain in the left groin. She is status post lumbar epidural injection June 1, 2015, with 60-70% improvement. The physician also noted, she had radiofrequency ablation genitofemoral nerve for post hernia repair syndrome in 2007 with good relief until recently. Objective findings included; antalgic gait favors the right side; positive straight leg raise bilaterally at 50 degrees; decreased heel to toe; decreased right FHL (flexor hallucis longus); decreased sensation bilateral lower extremities in the bilateral L5 distribution. An MRI of the lumbar spine (reference not dated) revealed L3-4 3 mm disc with moderate to severe stenosis, L4-5 5 mm disc with severe stenosis, L5-S1 5 mm disc with severe stenosis. The abdomen revealed a large scar; positive Tinel's at iliohypogastric. Diagnoses are chronic lumbar radiculopathy; L4-5, L5-S1 HNP (herniated nucleus pulposus) with severe stenosis; chronic pain syndrome. At issue, is the request for authorization for Prilosec.

### 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 Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 68-71.

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 1994 and is being treated for chronic pain with lumbar radiculopathy and left groin pain. She underwent bilateral total knee replacements complicated by infection and has a history of an inguinal hernia repair with nerve entrapment. When seen, there was an antalgic gait. Straight leg raising was positive. There was decreased lower extremity strength and sensation. Norco, Ultram, and Lyrica were prescribed. In February 2015, Diclofenac was also being prescribed. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is no longer taking an oral NSAID. Prescribing Prilosec (Omeprazole) was not medically necessary.