

<b>Case Number:</b>	CM15-0165642		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	01/10/2001
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Hawaii, California, Iowa

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 47 year old female who has reported widespread pain after an injury on January 10, 2001. The recent diagnoses have included cervical and trapezius sprain and strain, thoracic spine sprain and strain, lumbar spine sprain and strain, left sacroiliac joint sprain, status post shoulder-clavicle open reduction and internal fixation, right elbow medial epicondylitis, cubital tunnel syndrome, left hip greater trochanteric bursitis and status post left knee arthroscopy. Treatment to date has included surgeries, physical therapy, and medication. The treating physician reports during 2015 reflect ongoing hand pain, physical therapy treatment, low back pain, neck pain, knee pain, and ongoing use of Norco, Restoril, Ativan, and Atarax. None of the primary treating physician reports in 2015 discuss the specific prescribing of NSAIDs. A report of 1/12/15 refers to "GI pain/cramping on 12/12/14", for which colonoscopy was recommended. On June 10, 2015, acid reflux was "real bad, especially with NSAIDS". The treatment plan included Prilosec 20mg daily and Norco. No further details were provided regarding any gastrointestinal condition. The Request for Authorization of 7/9/15 was for Prilosec. Prilosec was dispensed on 7/9/15, with no further details given regarding medical necessity. A 6/22/15 report from a secondary treating physician lists multiple medications, including Voltaren gel, but without any mention usage patterns or gastrointestinal symptoms. The gastrointestinal history is stated to be "negative". On 8/8/15 Utilization Review non-certified Prilosec, noting the lack of indications per the MTUS.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen on record. There are many possible etiologies for gastrointestinal symptoms; the available reports do not provide adequate consideration of these possibilities. The records have only a brief mention of "reflux", with no further mention of signs or symptoms. The treating physician did not list or prescribe any NSAIDs or other medications likely to adversely affect the acid milieu of the upper gastrointestinal tract. Cotherapy with an NSAID is not indicated in patients other than those at high risk, as per the MTUS citation above. If NSAIDs were to have been the cause of any symptoms, that should be made clear with supporting signs and symptoms documented in the medical records. Empiric treatment after minimal evaluation is not indicated. If one were to presume that a medication were to be the cause of the gastrointestinal symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. Note the MTUS recommendation regarding the options for NSAID-induced dyspepsia. In this case, there is no evidence of any attempts to determine the cause of symptoms, including minimal attempts to adjust medications. PPIs are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, cardiovascular disease, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.