

<b>Case Number:</b>	CM15-0180897		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 43 year old male, who sustained an industrial injury on 01-02-2014. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for cervical and lumbar sprain-strain, compensatory right knee pain, right ankle sprain-strain status post open reduction and internal fixation, and bilateral shoulder sprain-strain. Treatment and diagnostics to date has included x-rays, home exercise program, and medications. Current medications include Ibuprofen (800mg), Prilosec, Flexeril, Methoderm, and Ambien. In a progress note dated 07-29-2015, the injured worker reported increased pain to right ankle with shooting pain to right knee. Objective findings included right knee tenderness to palpation. The request for authorization dated 07-29-2015 requested follow up with foot-ankle specialist, follow up psychiatric consultation, medications: Ibuprofen 800mg, Prilosec 20mg, Flexeril 10mg #60, Ambien 10mg #30, urine toxicology, and follow up in 4-6 weeks. The Utilization Review with a decision date of 08-17-2015 non-certified the request for Prilosec 20mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

**Decision rationale:** The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, the use of NSAIDs on a chronic basis carries risk and is not clearly indicated for the diagnoses listed. Regardless, even with the ongoing use of NSAIDs, there is no history found in the notes to suggest this worker is at an elevated risk for gastrointestinal events to warrant ongoing Prilosec. Therefore, this request for Prilosec will be considered not medically necessary.