

<b>Case Number:</b>	CM15-0182694		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	04/15/2003
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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: 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 67-year-old male who sustained an industrial injury on 04-15-2003. Current diagnoses include lumbar sprain-strain, and lower extremity radiculopathy. Report dated 06-24-2015 noted that the injured worker presented for follow up of the lumbar spine and medication refills. Pain level was 8 (without medications) and 5-6 (with medications) out of 10 on a visual analog scale (VAS). Physical examination performed on 06-24-2015 revealed continued pain of the lumbar spine. Previous diagnostic studies included an MRI of the lumbar spine and an EMG-NCS. Previous treatments included medications. The treatment plan included following up in 1 month, refilled medications, which included hydrocodone-acetaminophen and Prilosec, and continue with home exercises. The injured worker is retired. The injured worker has been prescribed Prilosec since at least 03-18-2015. Of note, the documentation submitted for review did not include any other more recent documentation than the PR-2 dated 06-24-2015. Request for authorization dated 08-17-2015, included requests for hydrocodone-acetaminophen and Prilosec. The utilization review dated 08-28-2015, non-certified the request for Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg #60:** 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:** Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs. Additionally, per the available documentation, he is no longer prescribed NSAIDs. The request for Prilosec 20 mg #60 is determined to not be medically necessary.