

<b>Case Number:</b>	CM15-0183419		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	08/25/2010
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/02/2015
<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: Texas, New York, 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 applicant is a represented 55-year-old who has filed a claim for chronic elbow, hand, wrist, neck, and upper extremity pain reportedly associated with an industrial injury of August 25, 2010. In a utilization review report dated September 2, 2015, the claims administrator failed to approve a request for Prilosec. An August 19, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On July 13, 2015, the applicant reported ongoing complaints of hand, wrist, and finger pain, 6/10. The applicant's medication list included Prilosec, tramadol, Lyrica, hydrochlorothiazide, losartan, atenolol, and Extra Strength Tylenol, it was reported. The attending provider suggested the applicant was using Prilosec once or twice daily. Toward the bottom of the note, tramadol, Lyrica, and Prilosec were renewed and/or continued. The applicant was given a 20-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitations in place. There is likewise no explicit mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia. It was not stated for what issue Prilosec had been employed. On May 27, 2015, the applicant was described as having retired from her former employment. The applicant was once again described as using Prilosec. Once again, there was no explicit mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia. Multiple medications were renewed and/or continued. On August 17, 2015, the applicant was again described as having retired from her former place of employment. The applicant was again described as using Prilosec. There was no explicit mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, however.

## 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 Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (Online Version) ; AstraZeneca Pharmaceuticals (June 2004).

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

**Decision rationale:** No, the request for Prilosec (omeprazole), a proton pump inhibitor, is not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, here, however, there is no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on multiple office visits, referenced above, of mid and late 2015. Therefore, the request is not medically necessary.