

<b>Case Number:</b>	CM15-0193152		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	02/19/2015
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Emergency 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 56 year old male who sustained an industrial injury on 02-19-2015. According to a partially legible handwritten progress report dated 08-31-2015, the injured worker reported low back pain radiating to the right lower extremity with numbness and tingling to all toes increased with standing and lifting over 5 pounds. The radiating symptoms started 2 months ago and had gradually worsened. The injured worker had attended 6 of 12 rehab treatments. Pain was rated 5-6 on a scale of 0-10. Right shoulder pain awakened the injured worker frequently at night. The provider noted "wants injection". Right ribs had significant improved. The provider noted that the injured worker was temporarily totally disabled due to flare up of low back pain. The treatment plan included continuation of home exercise, MRI of the lumbar spine, electrodiagnostic testing of the right lower extremity. The provider noted that the injured worker was taking over the counter Advil that caused heartburn. Prescriptions were written for Fexmid and Prilosec. An authorization request dated 08-31-2015 was submitted for review. The requested services included MRI of the lumbar spine, electromyography and nerve conduction velocity studies of the right lower extremity, Prilosec and Fexmid. On 09-09-2015, Utilization Review non-certified the request for Prilosec 20 mg #30 and authorized the request for Fexmid 7.5 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30: Overturned**

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

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

**Decision rationale:** The requested Prilosec 20mg #30, is medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA) and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has low back pain radiating to the right lower extremity with numbness and tingling to all toes increased with standing and lifting over 5 pounds. The radiating symptoms started 2 months ago and had gradually worsened. The injured worker had attended 6 of 12 rehab treatments. Pain was rated 5-6 on a scale of 0-10. Right shoulder pain awakened the injured worker frequently at night. The provider noted "wants injection." Right ribs had significant improved. The provider noted that the injured worker was temporarily totally disabled due to flare up of low back pain. The treatment plan included continuation of home exercise, MRI of the lumbar spine, electrodiagnostic testing of the right lower extremity. The provider noted that the injured worker was taking over the counter Advil that caused heartburn. The treating physician has documented medication induced GERD symptoms. The criteria noted above having been met, Prilosec 20mg #30 is medically necessary.