

<b>Case Number:</b>	CM15-0200054		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	04/30/1998
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 55 year old male who sustained an industrial injury 04-30-98. A review of the medical records reveals the injured worker is undergoing treatment for status post crush injury to the abdomen, perineum, pelvis, chest, left wrist, and lumbar spine; lumbar herniated nucleus pulposus with bilateral lower extremity radiculopathy, left wrist internal derangement, injury to the penis with reconstruction and altered sexual performance, history of lung collapse and loss of pulmonary function, as well as anxiety and depression. Medical records reveal (09-17-15) reveal the injured worker complains of "increasing" pain in his lower back, radiation to both lower extremities. The physical exam (09-18-15) reveals there is an extensive neurologic exam but not mention of the gastrointestinal system. Prior treatment includes left wrist surgery, pelvic surgery, splenectomy, and multiple pain medications, as well as epidural steroid injections. The original utilization review (10-02-15) non certified the request for Prilosec 20mg #60. There is no documentation that the injured worker has been on a gastrointestinal protective medication and no documentation as to the need for Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg for medicine induced gastritis/gastroesophageal reflux disease, twice a day as needed #60: Upheld**

**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:** 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, therefore, the request for Prilosec 20mg for medicine induced gastritis/gastroesophageal reflux disease, twice a day as needed #60 is determined to not be medically necessary.