

<b>Case Number:</b>	CM15-0204521		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	04/16/1981
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 an 81 year old female, who sustained an industrial injury on 4-16-1981. The medical records indicate that the injured worker is undergoing treatment for lumbago and lumbar radiculitis. According to the progress report dated 9-25-2015, the injured worker presented with complaints of low back pain associated with weakness in both legs and tingling and numbness in her feet. On a subjective pain scale, she rates her pain 8-10 out of 10. The physical examination of the lumbar spine reveals tenderness to palpation over the bilateral paraspinal muscles consistent with spasms, restricted range of motion, positive lumbar facet loading maneuver bilaterally, and positive straight leg raise on the right. The current medications are Aspirin, Venlafaxine, Tramadol, and Nabumetone. Previous diagnostic studies include x- rays, electrodiagnostic testing, and CT scan of the lumbar spine. Treatments to date include medication management, physical therapy, TENS unit, chiropractic, epidural steroid injections, and sacroiliac joint injections. Work status is described as permanent and stationary. The treatment plan included the addition of gastrointestinal prophylaxis. The original utilization review (10-8-2015) had non-certified a request for Prilosec 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg twice daily #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

**Decision rationale:** The CA MTUS does not address proton pump inhibitors such as Nexium and Protonix. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), "Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec)." In this particular case there is insufficient evidence in the records from 9/25/15 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore the request for Prilosec is not medically necessary and non-certified.