

<b>Case Number:</b>	CM15-0026963		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	03/22/2000
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: TR, California, Virginia

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:

This 68-year-old woman sustained an industrial injury on 3/22/2000. The mechanism of injury was not detailed. Current diagnoses include overuse syndrome of the bilateral upper extremities with involvement of wrist, elbow, hand, forearm, and shoulder; right shoulder strain/impingement; bilateral wrist, hand and forearm tendonitis with lateral elbow epicondylitis and bilateral carpal tunnel syndrome; cervical strain; and possible renal insufficiency. Treatment has included oral medication, ice, surgical intervention, and exercises. Physician notes dated 9/1/2014 show complaints of bilateral shoulder pain, wrist and forearm pain, intermittent neck pain, and renal insufficiency. Recommendations include refilling Norco, Ambien, and Prilosec, use ice as a local anti-inflammatory/anesthetic, and follow up in two months. On 1/12/2015, Utilization Review evaluated a prescription for Prilosec 20 mg #60 that was submitted on 1/29/2015. The UR physician noted there was no indication for the worker to take more than one tablet daily for dyspepsia. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was modified and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg QTY: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** Several provided notes mention chronic use of Relafen for pain historically, but there is no clear medication reconciliation provided that indicates with certainty the patient's current medication regimen. It has been stated by utilization review during previous non-certifications for Prilosec that the patient is not currently taking NSAIDs. Provided clinical notes request Prilosec 20 mg two tabs daily for stomach upset due to pain medication, but provide no evidence of GI complaints or objective physical findings to warrant continued use. The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. There is no formal objective evidence on the physical exam, etc. documenting specific gastrointestinal symptoms or findings in the provided records. It is the opinion of this reviewer that the request for Prilosec being modified to a quantity of 30 tablets is reasonable in order to treat possible dyspepsia and allow for clarification of need prior to continued treatment, making the initial request for 60 tablets not medically necessary given the provided information.