

<b>Case Number:</b>	CM15-0029899		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 40 year old female, who sustained an industrial injury on November 5, 2012. She reported an injury while driving a van and stopping suddenly, with immediate onset of low back pain. The diagnoses have included lumbar spine sprain/strain with bilateral lower extremity radiculitis, lumbar facet syndrome, and history of disc bulge. Treatment to date has included acupuncture, physical therapy, home exercise program (HEP), and medications. Currently, the injured worker complains of low back pain with left lower extremity numbness and tingling. The Primary Treating Physician's report dated January 7, 2015, noted the lumbar spine with passive range of motion (ROM) with guarding and spasm, with a positive left straight leg raise. The Physician noted the injured worker complained of recent onset of gastrointestinal (GI) heartburn secondary to the Ultram. On January 28, 2015, Utilization Review non-certified 30 Prilosec 20mg dispensed on January 7, 2015 and one random urine sample, noting the injured worker was not currently using a non-steroid anti-inflammatory drug (NSAID) , and without a history of NSAID use, Prilosec would not be needed, and since the injured worker had a urine drug screen (UDS) in June of 2014, a random urine drug test did not appear necessary. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited. On February 17, 2015, the injured worker submitted an application for IMR for review of 30 Prilosec 20mg dispensed on January 7, 2015 and one random urine sample.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Prilosec 20mg dispensed between 1/7/2015 and 1/7/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI Symptoms and Cardiovascular Risk Page(s): 68 - 69.

**Decision rationale:** The patient is a 40 year old female with low back pain from driving a van and stopping suddenly on 11/05/2012. She had treatment with medications, physical therapy, home exercise program and acupuncture. She had heartburn secondary of Ultram and is not taking NSAIDS. She had a urine drug test in 06/2014. She does not meet MTUS criteria for treatment with a proton pump inhibitor (Prilosec is a PPI). The patient is not a high risk for GI bleed as she is not taking NSAIDS, is not 65 years of age or older, and has no history of peptic ulcer disease, GI bleeding or taking anticoagulants. Furthermore, the treatment of heartburn from Ultram is discontinuation of Ultram, not Prilosec. Prilosec is not medically necessary.

**1 random urine sample: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Substance abuse (tolerance, dependence, addiction). Decision based on Non-MTUS Citation ODG, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Tests.

**Decision rationale:** The patient is a 40 year old female with low back pain from driving a van and stopping suddenly on 11/05/2012. She had treatment with medications, physical therapy, home exercise program and acupuncture. She had heartburn secondary of Ultram and is not taking NSAIDS. She had a urine drug test in 06/2014. There is no documentation of abnormal drug seeking behavior or drug abuse. The requested repeat urine drug testing at this time is not consistent with ODG and is not medically necessary.