

<b>Case Number:</b>	CM15-0216148		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	12/10/2004
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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 a 73-year-old male, who sustained an industrial-work injury on 12-10-04. A review of the medical records indicates that the injured worker is undergoing treatment for multi-level lumbar spine discopathy with spondylolisthesis. Treatment to date has included pain medication Ultram, Norco, Prilosec since at least 2-27-15, diagnostics, epidural steroid injections (ESI) with pain relief, Toradol injection, transcutaneous electrical nerve stimulation (TENS) and other modalities. The treating physician indicates that the urine drug test result dated 6-6-15 was consistent with the medication prescribed. Medical records dated 9-18-15 indicate that the injured worker is miserable with pain, uses a cane and can only walk a few meters without the legs going numb. There is tingling, weakness and the pain is rated 9-10 out of 10 on the pain scale. He alternates using Ultram and Norco but reports that all therapies have failed to date. He currently has spasm, pain, and tenderness, limited range of motion, tightness, and difficulty with function or physical activity. Per the treating physician, report dated 9-18-15 the work status is temporary totally disabled. The physical exam dated from reveals lumbar tenderness, muscle spasm; multi-level lumbar radiculopathy with spasm decreased lumbar range of motion, positive sciatic nerve compression, and positive straight leg raise bilaterally. The physician indicates that he is going to need spinal surgery. The physician indicates that long-term use of Norco has caused some gastrointestinal upset and therefore the injured worker requires Prilosec. There is no documented history of peptic ulcer, GI bleeding or perforation. There are no GI complaints noted in the medical record. The request for authorization date was 9-18-15 and requested service included Prilosec 20 mg twice daily # 60 with 3 Refills. The original Utilization review dated 10- 8-15 non-certified the request for Prilosec 20 mg twice daily # 60 with 3 Refills.

## 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 with 3 Refills:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, (NSAIDs, GI symptoms & cardiovascular risk), page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. Proton pump inhibitors may be indicated 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). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg four times daily) or (2) a Cox-2 selective agent. 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 9/18/15 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. There is no documented history of peptic ulcer, GI bleeding or perforation. There are no GI complaints noted in the medical record. Therefore, the request for Prilosec is not medically necessary and non certified.