

<b>Case Number:</b>	CM15-0031488		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	08/25/2008
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Texas, New York, 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 applicant is a represented 42-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome associated with industrial injury of August 25, 2008. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve a request for Prilosec. A January 14, 2015 RFA form was referenced in the determination. On January 30, 2015, the applicant reported ongoing complaints of low back pain. The applicant was using Norco for pain relief. Highly variable pain complaints were appreciated. In the gastrointestinal review of systems, the applicant explicitly denied symptoms of heartburn. The applicant's medication included Relafen, Prilosec, Colace, Neurontin, Cialis, and Norco. Permanent work restrictions were renewed. It was stated in one section of the note that the applicant was using Prilosec to help with GI upset secondary to usage of oral medications, while another section of the note, as noted previously, stated that the applicant explicitly denied issues with heartburn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec DR 20mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** No, the request for Prilosec, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, the attending provider's reporting of events on January 30, 2015, was incongruous. The attending provider stated in one section of the note that the applicant had no issues with heartburn while writing at the bottom of the report that Prilosec was being employed for alleged gastrointestinal upset. Ongoing usage of Prilosec, thus, cannot be supported in the face of the attending provider's seemingly incongruous reporting on the topic. Therefore, the request was not medically necessary.