

<b>Case Number:</b>	CM15-0032678		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 31 year old female who sustained a work related injury to her right shoulder, neck and lower back on August 1, 2011. The injured worker underwent a right shoulder arthroscopy on August 2, 2012. The injured worker was diagnosed with left shoulder sprain/strain, lumbar spine and cervical spine disc disease. According to the primary treating physician's progress report on December 23, 2014 the patient continues to experience right stabbing shoulder pain, cervical spine pain with radiation to the bilateral upper extremity and low back pain with radiation to the bilateral lower extremities left side worse than right side. Current medications are listed as Norco, Naproxen and Prilosec. Treatment modalities consist of medication and home exercise program. The UDS report on 10/30/2014 was consistent but the report on 11/18/2014 was inconsistent with the test for the prescribed hydrocodone. The treating physician requested authorization for Prilosec Over the Counter. On February 10, 2015 the Utilization Review denied certification for Prilosec Over the Counter. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec Over the Counter:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Non-steroidal anti-inflammatory drugs Page(s): 67-72, 68-69, 75, 78, 83-87.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prophylaxis and treatment of NSAIDs induced gastritis for the elderly and patients with a history of gastric disease. The records indicate that the patient was utilizing Prilosec and Naproxen. There is no documentation of a history of gastric disease or NSAIDs induced gastritis. The criteria for the use of Prilosec OTC was not met.