

<b>Case Number:</b>	CM15-0033907		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	02/03/2003
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52-year-old male, who sustained an industrial injury on February 3, 2003. His diagnoses include lumbago. He has been treated with proton pump inhibitor medication. On December 23, 2014, his treating physician reported no gastrointestinal complaints. The physical exam revealed no gastrointestinal findings. The treatment plan includes proton pump inhibitor medication. On January 28, 2015 Utilization Review non-certified a prescription for Prilosec cap 20mg, 1 by mouth every day, #30 with 3 refills, noting the lack of evidence of gastrointestinal complaints and/or risk for gastrointestinal disturbance. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg 1 by mouth every day, #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 78-82; 68-69; 63-66; 13-16: 16-22; 22, 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

**Decision rationale:** The 52-year-old patient complains of pain in the lower back, rated at 5/10, and cervical spine, rated at 7/10, along with headaches and radicular pain, numbness and tingling in the right arm, as per progress report dated 12/23/14. The request is for PRILOSEC 20 mg BY MOUTH EVERY DAY #30 WITH 3 REFILLS. The RFA for this case is dated 01/20/ ---year not clear---, and the patient's date of injury is 02/03/03. The patient is status post aggressive multilevel fusion, foraminectomy, laminectomy and hardware placement, as per progress report dated 12/23/14. Medications included Glipizide, Ibuprofen, Lisinopril, Metformin, Nortriptyline, Percocet, Prilosec, Simvastatin, Tizanidine, Topamax and Zaleplon. The patient's condition has been determined at permanent and stationary. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, a prescription for Prilosec was first noted in progress report dated 07/03/14, and the patient has been taking the medication consistently at least since then. The treater, however, does not discuss the purpose of Prilosec. There is no diagnosis of medication-induced gastritis although the patient is taking Ibuprofen (NSAID). Additionally, the patient is under 65 years of age, and there is no documented concurrent use of ASA, corticosteroids, and/or anticoagulants. The treater does not provide the GI risk assessment required to make a determination based on MTUS. Hence, the request for Prilosec 20 mg # 30 IS NOT medically necessary.