

<b>Case Number:</b>	CM15-0035923		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	07/23/2013
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 57 year old male who sustained an industrial injury on 07/23/2013. Current diagnoses include gastrointestinal reflux disease rule out toxic exposure, anxiety, depression, sleep apnea, C3-6 disc degeneration, intermittent cervical radiculopathy, T1-5 disc degeneration with thoracic strain, intermittent right leg radiculopathy, lumbar strain, cervicogenic and post traumatic headaches, and closed head injury. Previous treatments included medication management. Report dated 02/03/2015 noted that the injured worker presented with complaints that included ongoing back pain with headaches that radiate down the bilateral shoulders and mid scapular region. Pain level was rated as 7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 01/27/2015 non-certified a prescription for Prilosec, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg Qty 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk Page(s): 68-69.

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

**Decision rationale:** The patient presents with ongoing back pain with headaches that radiate down the bilateral shoulders and mid scapular region, rated 7/10. The request is for PRILOSEC 20MG QTY 60. The patient's diagnoses per RFA dated 12/23/14 included gastrointestinal reflux disease rule out toxic exposure, anxiety, depression, sleep apnea, C3-6 disc degeneration, intermittent cervical radiculopathy, T1-5 disc degeneration with thoracic strain, intermittent right leg radiculopathy, lumbar strain, cervicogenic and post traumatic headaches, and closed head injury. The patient's medications include Prilosec, Lidoderm patches, Ultram, Protonix, Aspirin and Gabapentin. The patient is temporarily totally disabled. 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." Prilosec was included in patient's medications per treater reports 07/08/14, 08/19/14 and 12/23/14. The 8/19/14 report indicates, "He continues to have complaints of dyspepsia for which he utilizes Prilosec with good benefit." MTUS allows this medication for prophylactic use along with oral NSAIDs when appropriate GI risk is present. Given the patient's GI symptoms and benefit from Prilosec, the request IS medically necessary.