

<b>Case Number:</b>	CM15-0039395		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	03/03/2010
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, Arizona

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 49-year-old male who reported an injury on 03/03/2010 due to an unspecified mechanism of injury. On 01/21/2015, he presented for a follow-up evaluation. He reported continued low back pain rated at an 8/10 that radiated down the right leg with numbness and tingling in the right foot, and neck pain rated a 6/10 with associated headaches. A physical examination showed lumbar spine guarding and muscle spasm. There was tenderness to palpation of the paraspinal musculature and decreased sensation to light touch at the right posterior thigh and leg. He had positive straight leg raise on supine right and left 23/37 and he was noted to be wearing a lumbar corset. Cervical range of motion on forward flexion was 45 degrees and on extension was 43 degrees with tenderness to palpation of the cervical spine. Range of motion was noted to be limited of the lumbar spine with 15 degrees of extension. He also had a positive right toe walk. He was diagnosed with chronic neck pain, chronic low back pain, chronic mid back pain, complaints of sleep difficulty due to depression and anxiety, and depression and hypertension. The treatment plan was for him to continue his medications including Vicodin 7.5/350 mg every 6 hours and Prilosec 20 mg by mouth twice a day. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI Risks Page(s): 67-69.

**Decision rationale:** The California MTUS Guidelines recommend proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy or for those who are at high risk for gastrointestinal events due to NSAID therapy. The documentation provided does not support that the injured worker was at high risk for gastrointestinal events or that he had dyspepsia secondary to NSAID therapy to support the requested medication. Also, there was a lack of evidence showing that he was using NSAIDs for treatment. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.