

<b>Case Number:</b>	CM15-0041375		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 39-year-old female who reported an injury on 08/22/2013. The mechanism of injury was not provided. The medications were noted to include ibuprofen. Other therapies and diagnostic studies were not provided. The documentation of 02/18/2015 revealed the injured worker had low back pain intermittently to the lateral aspect of the right knee. The injured worker had significant GI effects from ibuprofen. The injured worker had a positive straight leg raise at approximately 80 degrees on the right. There were slight limits in horizontal torsion and lateral bend. The diagnosis included degenerative disc disease. The treatment plan included Prilosec 20 mg 1 by mouth every day #60 with 1 refill for GI side effects from the ibuprofen, which was noted to be proving effective.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg 1 po everyday #60 Refill 1:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker was receiving benefit from Prilosec, as it was noted to be efficacious. The refill would be supported due to the medication being efficacious. Given the above, the request for Prilosec 20 mg 1 by mouth every day #60 refill 1 is medically necessary.