

<b>Case Number:</b>	CM15-0042173		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	06/19/2012
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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 64 year old male, who sustained an industrial injury on June 19, 2012. He reported low back pain. The injured worker was diagnosed as having lumbar stenosis, spondylolisthesis, displacement of the lumbar intervertebral disc, sciatica and lumbar degenerative disc disease. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, conservative therapies including aquatic therapy and physical therapy, pain medications and work restrictions. Currently, the injured worker complains of low back pain with associated numbness and tingling of the right lower extremity. The injured worker reported an industrial injury in 2012, resulting in the above noted chronic pain. He has been treated conservatively and surgically without resolution of the pain. Evaluation on October 14, 2014, revealed continued tenderness status post lumbar fusion. It was noted he was weaning himself off of the back brace. Medications were refilled. Evaluation on December 12, 2014, revealed a minor setback in recovery secondary to a lapse in time between aquatic therapy sessions. Evaluation on January 14, 2015, revealed continued pain however a slow improvement of symptoms was noted. X-ray revealed no signs of hardware malfunction and good signs of healing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg quantity 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with pain and weakness in his lower back and lower extremity. The request is for PRILOSEC 20MG #60. None of the reports mention medication. The patient is currently not working. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the treater does not provide any GI assessment to determine whether or not the patient would require prophylactic use of PPI. There is no documentation of any GI problems such as GERD or gastritis to warrant the use of PPI either. The request of Prilosec IS NOT medically necessary.