

<b>Case Number:</b>	CM15-0043711		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	05/08/2009
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 44 year old female, who sustained an industrial injury on 5/8/09. She has reported right arm/elbow/wrist and low back injuries. The diagnoses have included lumbar sprain/strain, cervical sprain/strain, cervical radicular syndrome and lumbar radicular syndrome. Treatment to date has included medications, diagnostics, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) and lumbar Epidural Steroid Injection (ESI) x3. The (NCV) Nerve Conduction Velocity studies and (EMG) electromyography to the upper extremity were done in 2012. Currently, as per the physician progress note dated 10/21/14, the injured worker states that she was at the pain management and received Tramadol with no relief with use. She also states that depression is worse and she is using topical medications for pain. She states that she has had 3 Epidural Steroid Injection (ESI) with no relief of pain. The objective findings noted no changes in the physical exam and a Magnetic Resonance Imaging (MRI) that revealed positive findings. The current medications were not noted. The physician requested treatment includes Prilosec 20mg, #30 with 5 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg, #30 with 5 refills:** 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 and PPI Page(s): 68-69.

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The claimant had been on Prilosec for several months without exam findings or recent GI concerns. Therefore, the continued use of Prilosec with 5 months refills is not medically necessary.