

<b>Case Number:</b>	CM15-0044098		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	07/08/2014
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	03/03/2015
<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: Texas, 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:

This is a 39 year old male patient, who sustained an industrial injury on 07/08/2014. He sustained the injury while lifting buckets. The diagnoses have included post-laminectomy syndrome; lumbar radiculopathy; and chronic pain syndrome. Per the progress note dated 02/05/2015, he had complains of pain in the lower back and right leg with tingling in both feet and numbness and weakness in both legs and both feet; and the pain rated at 7/10 on the visual analog scale. The physical examination revealed tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms; positive straight leg raise test on the right; ambulates with an assistive device with an antalgic gait; decreased sensation in right L5 and S1 dermatomes. The medications list includes ibuprofen. The patient was prescribed prilosec. He has undergone lumbar laminectomy and discectomy on 08/22/2014. He has had injection, acupuncture, chiropractic therapy and physical therapy for this injury.

### 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 cite any medical evidence for its decision.

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

**Decision rationale:** Request is being made for Prilosec 20 mg #60. Prilosec contains omeprazole, which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events" and "Patients at high risk for gastrointestinal events; treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when: "(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)." There is no evidence in the records provided, that the patient has abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. Prilosec 20mg #60 is not medically necessary for this patient.