

<b>Case Number:</b>	CM15-0044994		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	03/09/2009
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/17/2015
<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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 59 year old male, who sustained an industrial injury on 3/09/2009. The mechanism of injury was not noted. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, chronic pain syndrome, lumbar spinal stenosis, and bilateral osteoarthritis. Treatment to date has included conservative measures, including diagnostics and medications. A Psychological Evaluation report, dated 1/15/2015, noted diagnoses of major depression, single episode, pain disorder, panic disorder, sleep disorder due to a medical condition, and cognitive disorder. An orthopedic progress report, dated 10/17/2014, noted involvement with internist due to medical problems, including gastritis and gastrointestinal problems. Currently, the injured worker complains of pain in neck, both wrists, low back, and bilateral knees. Physical exam of the lumbar spine noted an antalgic gait, paraspinal muscle spasm, tenderness at the lumbosacral junction and L4-L5 spinous process. Current medications were not listed. Diagnostic testing reports were not included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60, prescribed 2/4/15: Upheld**

**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, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, the request for Prilosec 20mg #60 is not medically necessary.