

<b>Case Number:</b>	CM15-0049529		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	09/23/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 42 year old male with an industrial injury dated September 23, 2014. The injured worker diagnoses include cervical myoligamentous injury with bilateral upper extremity radicular symptoms, lumbar myoligamentous injury with bilateral upper extremity radicular symptoms, bilateral lateral epicondylitis and bilateral inguinal pain. He has been treated with diagnostic studies, prescribed medications, chiropractic treatments, physical therapy and periodic follow up visits. According to the progress note dated 02/02/2015, the injured worker reported neck pain and lower back pain radiating down to bilateral lower extremities. The injured worker also reported bilateral inguinal pain, right greater than left. The treating physician prescribed Prilosec 20mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg twice a day #60:** Upheld

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

**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 neck, lower back and upper extremity. The request is for PRILOSEC 20MG TWICE A DAY #60. Per 02/02/15 progress report, the patient is on Norco and Neurontin. The patient remains off work until 02/16/15. MTUS guidelines page 69 recommends prophylactic use of PPIs 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 review of the reports indicates that the patient had utilized Prilosec and Anaprox. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. The review of reports does not show evidence of gastric problems, and there is no mention of GI issues to support use of Prilosec. The patient is currently not on any NSAIDs and there is no current request for NSAIDs either. Given the lack of documentation as required MTUS guidelines, the request IS NOT medically necessary.