

<b>Case Number:</b>	CM15-0051043		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	12/14/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 55 year old male who sustained an industrial injury on 12/14/09. He currently complains of ongoing lower back pain radiating to his legs with pain intensity of 6/10, left knee pain with swelling, weakness and buckling with pain intensity of 6-7/10, headaches, anxiety and depression. He reports no improvement. No current medications were specifically noted. Diagnoses include status post left medial meniscectomy with residual chondromalacia patella 9/2/10; lumbar strain with degenerative disc disease and left S1 nerve root impingement; depression; anxiety; left knee medial meniscus tear. There were no treatments available for review. Diagnostics include MRI left knee (10/30/12, 10/28/14); qualitative and quantitative toxicology (9/23/14, 2/17/15). In the progress note dated 2/17/15 the treating provider's plan of care includes prescriptions for Motrin, Ultram and Prilosec.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for chronic radiating low back pain and left knee pain. Medications include Motrin 800 mg three times per day. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. He is taking a nonselective non-steroidal anti-inflammatory medication at the recommended dose. Guidelines do not recommend that a proton pump inhibitor such as Prilosec be prescribed. The request is not medically necessary.